



## CITY OF ALBUQUERQUE

**STEP 1 OF 3 STEP PROCESS  
QUALIFICATIONS QUESTIONNAIRE FOR  
FOR CONSTRUCTION MANAGER AT RISK**

**Project Name:** ALBUQUERQUE RAPID TRANSIT "ART"

### SECTION 1 – BUSINESS INFORMATION

#### 1. COMPANY

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Type of Firm:**

Corporation: State of Incorporation \_\_\_\_\_

Partnership  Sole Proprietorship  Joint Venture  Other

a. Year firm was established: \_\_\_\_\_

b. Parent company (if applicable): \_\_\_\_\_

#### 2. LICENSING

a. Does your firm hold the proper contractor's license(s) for the type of work to be performed issued pursuant to the Construction Industries Licensing Act?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. If yes, provide the following information about the contractor's license:

1) Name of license holder (or qualifying party) exactly as on file with the State of New Mexico Construction Industries Division:

\_\_\_\_\_

2) License Classification(s): \_\_\_\_\_

3) License Code: \_\_\_\_\_

4) License Number: \_\_\_\_\_

5) Issue Date: \_\_\_\_\_

6) Expiration Date: \_\_\_\_\_

c. Is the firm's contractor's license free of ever being suspended or revoked by the CID or by the appropriate licensing agency in any other state?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Attach explanation)

### 3. REGISTRATION

a. Does your firm hold a current/valid Registration Number pursuant to Section 13-4-13.1 NMSA 1978?

Yes \_\_\_\_\_ No \_\_\_\_\_

Registration Number: \_\_\_\_\_ Date of Registration \_\_\_\_\_

### 4. SURETY

Provide the following information on all surety companies utilized since 1998:

a. Name and Address of Firm's current surety company:

\_\_\_\_\_

Surety telephone number: \_\_\_\_\_

Period covered by Surety: \_\_\_\_\_

b. Maximum amount of bonding capacity provided through surety to your firm:

\$ \_\_\_\_\_

c. Is your firm free of having a project taken over by surety for completion of a project in the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Is the surety company to be used on this construction project licensed to do business in the State of New Mexico and listed on the Department of treasury's website for Circular 570 at [https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570\\_a-z.htm](https://www.fiscal.treasury.gov/fsreports/ref/suretyBnd/c570_a-z.htm)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the name, address and telephone number of the surety to be used on this construction project:

Surety Name: \_\_\_\_\_

Contact Agent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

e. Is your firm able to obtain bonding in the amount required for this construction project?

Yes \_\_\_\_\_ No \_\_\_\_\_

## 6. SAFETY

a. What has been your Workers' Compensation Experience Modification Rate (EMR) for each of the past five years?

\_\_\_\_\_

If EMR in any year exceeds 1.0 provide explanation in Para. 10 below.

b. Does your firm have a written safety program compliant with current State regulations?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

If yes, provide one (1) copy of your firm's written safety program and state the names of key safety personnel, including the designated lead safety program manager, who will be assigned and individually list their specific duties.

Name and Title	Specific Duties
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\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

Name and Title

Specific Duties

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

Name and Title

Specific Duties

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

Provide the Recordable Incident Rate for the past calendar year: \_\_\_\_\_

- c. Is your firm free of committing serious or willful violations of federal or state safety laws as determined by a final decision of a court or government agency that could not be appealed?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

## 7. INSURANCE & CLAIMS HISTORY

- a. Does your firm have any court judgments, pending litigation, arbitration and final agency decisions filed within the last five (5) years in a construction related matter in which the contractor, or any officer, is or was a party?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

- b. Has your firm during the past five (5) years been free of a determination by a court of competent jurisdiction that it filed a false claim with any federal, state or local government entity?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

- c. Does your firm have the ability to provide the required insurance in the limits stated in the project documents?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

**8. LABOR CODE VIOLATIONS**

- a. Has your firm, at any time during the past five years, been debarred pursuant to the Public Works Minimum Wage Act (NMSA 1978 13-4-10 to 13-4-17) or any other State or Federal statute?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

- b. Has your firm incurred any Subcontractor Fair Practices Act violations in the past five (5) years?

Yes \_\_\_\_\_ (Attach explanation) No \_\_\_\_\_

**9. VERIFICATION OF THE MAXIMUM ALLOWABLE CONSTRUCTION COST (MACC)**

Has your firm reviewed the MACC for this project and found it to be reasonable for the Scope of Work described in the Request for Qualifications?

Yes \_\_\_\_\_ No \_\_\_\_\_ (attach explanation)

**10. CONTRACTOR'S COMMENTS:**

Use this area or attach a sheet to provide further explanation of the answers to any questions asked in this Qualifications Questionnaire. Please key your explanations to the appropriate Sections, 1 through 9.