



Department of Public Works and Highways
Consultant's Confidential Application Statement for
Pre-qualification

(please read attached instructions)

Date: __/__/__

I, _____ of legal age, with postal address at _____
 _____, after having been duly sworn in accordance with the law, hereby depose and say:

1. That I am the: _____ of the _____ duly authorized to make this statement, as evidenced by the attached written authority from the proprietor/governing board of the firm,
2. That I hereby present the following Information for Pre-qualification with the Department of Public Works and Highways.

A. GENERAL INFORMATION

1. Name of Primary Firm/Company:

- _____
- a. Acronym : _____
 - b. Year Established : _____
 - c. Type of Organization (please check all those that apply):
 - Corporation
 - Sole Proprietorship
 - Partnership
 - Other _____
 - d. Type of Consulting Services Offered (please check all those that apply):

<input type="checkbox"/> Advisory and Review Services	<input type="checkbox"/> Construction Supervision
<input type="checkbox"/> Pre-Investment or Feasibility Studies	<input type="checkbox"/> Management and Related Services
<input type="checkbox"/> Design	<input type="checkbox"/> Other Technical Services or Special Studies
 - e. Head Office Address :Street ID: _____ Street Name: _____
 Town Name: _____
 Postal Code: _____ Country: _____
 - f. Telephone Number : _____
 - g. Fax Number : _____
 - h. Email Address : _____
 - i. Former Names of the Firm/Company : _____
 : _____
 : _____

2. Contact Person 1

- a. Name : _____
- b. Designation : _____
- c. Telephone Number : _____

3. Contact Person 2

- a. Name : _____
- b. Designation : _____
- c. Telephone Number : _____

B. ASSOCIATE FIRMS

1. Firm 1

- a. Acronym : _____
- b. Name : _____
- c. Year Established : _____
- d. Country : _____
- e. Type of Organization : Sole Proprietorship ___ Corporation ___ Partnership___ Other ___
- f. Former Names of the Firm/Company : _____
- g. Type of Consulting Services Offered (please check all those that apply):
 - Advisory and Review Services
 - Pre-Investment or Feasibility Studies
 - Design
 - Construction Supervision
 - Management and Related Services
 - Other Technical Services or Special Studies

2. Firm 2

- a. Acronym : _____
- b. Name : _____
- c. Year Established : _____
- d. Country : _____
- e. Type of Organization : Sole Proprietorship ___ Corporation ___ Partnership___ Other ___
- f. Former Names of the Firm/Company : _____
- g. Type of Consulting Services Offered (please check all those that apply):
 - Advisory and Review Services
 - Pre-Investment or Feasibility Studies
 - Design
 - Construction Supervision
 - Management and Related Services
 - Other Technical Services or Special Studies

3. Firm 3

- a. Acronym : _____
- b. Name : _____
- c. Year Established : _____
- d. Country : _____
- e. Type of Organization : Sole Proprietorship ___ Corporation ___ Partnership___ Other ___
- f. Former Names of the Firm/Company : _____
- g. Type of Consulting Services Offered (please check all those that apply):
 - Advisory and Review Services
 - Pre-Investment or Feasibility Studies
 - Design
 - Construction Supervision
 - Management and Related Services
 - Other Technical Services or Special Studies

4. Firm 4

- a. Acronym : _____
- b. Name : _____
- c. Year Established : _____
- d. Country : _____
- e. Type of Organization : Sole Proprietorship ___ Corporation ___ Partnership___ Other ___
- f. Former Names of the Firm/Company : _____
- g. Type of Consulting Services Offered (please check all those that apply):
 - Advisory and Review Services
 - Pre-Investment or Feasibility Studies
 - Design
 - Construction Supervision
 - Management and Related Services
 - Other Technical Services or Special Studies

C. FINANCIAL (complete a separate form for the Primary firm and each Associate Firm)

Name of Firm/Company: _____

a. Annual volume of gross fees for the last five (5) years

- Year : _____
- Year : _____
- Year : _____
- Year : _____
- Year : _____

NOTE: Cost must be in Philippine Pesos

Name of Firm/Company: _____

3. List of all on-going contracts including private and already awarded but not yet started. (complete a separate form for the Primary Firm and each Associate Firm)

NOTE: Cost must be in Philippine Pesos computed on the date of the signing of the contract.

Contract ID	Contract Name	Location	Category of Service Rendered	Name of Client	Participation %	Contract Dates mm/dd/yy		Key Staff Assigned				
						Start	Estimated Completion	Name	Tax ID Number*/PRC No.*/Passport No.**	Assignment Dates		
										Start	End	

Category of Service Rendered: A – Advisory and Review Services, P – Pre-Investment or Feasibility Studies, D – Detailed Design, C- Construction Supervision, O – Other Technical Services or Special Studies

G. PROJECT PROFILE (complete a separate form for the Primary Firm and each Associate Firm for all projects listed in Section F)

Name of Firm/Company: _____

Contract ID:
Contract Name:
Location:
Name of Client:
Completion Date:
Associate Firms:
Description of Project:
Description of Services Provided/Being Provided:
Types of Services Contracted to Associate Firms:

I. MATERIAL RESOURCES (complete a separate form for the Primary Firm and each Associate Firm if the project under consideration is for D- Design)

Name of Firm/Company: _____

1. Design Software Owned:

Name of Software	Number of Licensed Copies

2. Number of owned pieces of laboratory testing equipment : _____

3. Number of owned pieces of surveying equipment : _____

4. Number of owned pieces of field testing equipment : _____

5. Number of owned pieces of geotechnical testing equipment : _____

J. AFFIDAVIT (completed by the Primary Firm only)

I hereby certify that all information provided herein, including the annexes and enclosures thereto, are true and correct, and I hold myself liable, criminally or civilly, for any misrepresentation or false statement made herein.

I understand that any information found to be false or misrepresentative of my firm/company would be grounds for disqualification.

In witness thereof, I have hereunto affixed my signature this _____ day of _____, 20____ at _____, Philippines.

(Affiant)

(Republic of the Philippines)
PROVINCE/CITY OF _____)

SUBSCRIBED and SWORN TO before me this _____ day of _____, 20____ at _____ affiant exhibited to me his/her Residence Certificate No. _____ issued at _____ on _____.

Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series No. _____

Until _____
PTR No. _____
Issued at _____
Issued on _____

INSTRUCTIONS

- 1.0 The Applicant shall accomplish/answer all items in the Application using the English language. Answers must be given to all questions in the aforesaid statement. All blanks shall be properly filled up. If necessary, additional sheets may be added to the form or if the form has limited space, it can be reproduced and enlarged to suit the Applicant's needs. Documents submitted on forms or in any format other than that prescribed in the aforesaid Statement shall be considered non-complying and will be rejected outright. Forms that may require attachments shall be clearly marked, i.e., Attachments to Form No.1; Attachments to Form No. 2, etc.
- 2.0 The information/data submitted by the interested Firm/Company are to be used by the DPWH in determining, according to its judgement and discretion, the eligibility and qualification of prospective Firm/Company. In view thereof, the interested Firm/Company is encouraged to communicate with the DPWH for any clarification or interpretations on the documents as request for reconsideration will not be entertained on any erroneous interpretations or conclusions made by the Applicant. An interested Firm/Company submitting its qualifications as prospective Firm/Company for review and consideration waives any claim against any decision thereon. The signing by the Firm/Company or his duly authorized representative of the Registry Application Statement acknowledges the truth and correctness of all statements made thereon; otherwise, the Firm/Company shall be liable for perjury as provided in the Revised Penal Code.
- 3.0 The following documents shall, among others, comprise the Consultant's Pre-Qualification Application for Registration.

Annex A: Certified True Copy of the Certificate of Completion for completed projects listed in Section F.
- 4.0 Each page of the annexes, attachments and other supporting documents shall be marked in the right top corner, i.e., Annex A, page 1 of 5; Annex A, Page 2 of 5; etc., as the case may be.
- 5.0 The Consultant's Application shall be submitted in one (1) envelope. Envelopes containing the documents should be captioned "Consultant's Confidential Application for Pre-qualification for: Name of Project" and submitted to the DPWH Head Office: PEAC-TWG. All documents submitted shall be treated as confidential and will not be returned.
- 6.0 The DPWH will inform all applicants of the result of their application. It reserves the right to accept or reject any application without any liability to the affected applicants or any obligations to inform the applicants of the grounds for the action taken thereon.

7.0 Definitions and terms

Acronym

Abbreviation of the firm/company's name

Annual volume of gross fees

The gross annual fees earned by the firm for the previous five years

Associate Firms

Information about firms/companies joining with the primary firm/company listed in Section A for purposes of pre-qualifying for the contract in question

Birth Date

The month, day, and year of birth of the employee

Category of Service Rendered

The nature of service rendered whether A-Advisory and Review Services, P-Pre-Investment or Feasibility Studies, D-Detailed Design, C-Construction Supervision, O-Other Technical Services or Special Studies

Name of Client

The name of the client firm

Complete Date

The month, day, and year the contract was completed

Consultant's On-going and Awarded Contracts

A list of list of all on-going contracts including private and already awarded but not yet started.

Consultant's Comparable Work Experience

A list of the firm's most comparable contracts (maximum of 15 for all firms combined) successfully completed by the firm/company for the last 10 years. "Comparable," means consulting services of size, complexity and technical specialty, comparable to the job under consideration including quality of performance.

Consultant's Related Work Experience

A list of the most related contracts (maximum of 15 for all firms combined) successfully completed by the firm/company for the last 10 years. "Related," means consulting services related to the job under consideration.

Contact Person 1

The name, designation, and telephone number of an employee who can answer questions concerning the application statement

Contact Person 2

The name, designation, and telephone number of an additional employee who can answer questions concerning the application statement

Contract Date Actual Completion

The month, day, year of the contract's actual completion

Contract Date Start

The month, day, year the contract started

Contract ID

The unique identifier used for each contract listed

Contract Name

The name of each contract listed

Cost of Consultancy Contract

The cost in Philippine Peso of the consultancy contract computed on the date of the contract signing

Country

The country of the associate firm's head office

Date Degree Awarded

The month, day, and year the degree was awarded to the employee

Date of Assignment

The month, day and year when the employee began working on the contract and the month, day and year when the employee finished working on the contract

Degrees

A list of all degrees earned by the employee

Description of Project

A narrative description of the project giving a summary explanation of the size, purpose, objectives, and benefits of the project

Description of the Services Provided/Being Provided

A narrative description of the work done for the contract assignment. It is very important to complete this item thoroughly and in detail. Descriptions should be detailed and specific with regard to what was done and how it was done.

Design Software Owned

The name and number of all licensed design software owned by the firm/company.

Email Address

The email address of the head office

Estimated Completion

The month, day, and year the contract is scheduled to be complete.

Experience

This section must be completed for the primary firm and all associate firms listed in Section B.

Fax Number

The fax number of the head office

Former Names of the Firm/Company

A list of all names the firm has previously used in conducting business

Head Office Address

The address of the firm/company's head office

Institution

The name of the institution where the degree was earned

Key Staff Assigned

The name, identification number, and assignment dates for each employee assigned to the contract.

Location

The name of the location where the contract took place

Name of Employee

Name of employee that might be assigned to the subject contract

Name of Associate Firm/Company

The associate consultant firm name

Name of Primary Firm/Company

The firm name of the primary consultant submitting the application

Names of Key Personnel that May be Assigned

The names of key personnel employed by the firm/company that will possibly be appointed for the particular contract in question

Names of Owners/Stockholders/Partners

The names of all persons that have ownership in the firm/company

Nationality

The name of the country of citizenship for the person concerned

Number of Administrative Staff

The number of administrative staff employed by the firm/company

Number of Key Technical Personnel by Professional Category

The number of principal technical personnel employed by the firm/company categorized by professional category

Number of owned pieces of geotechnical testing equipment

The number of pieces of geotechnical testing equipment such as drilling rigs, split barrel samplers, shelby tub samplers, etc., owned by the firm/company

Number of owned pieces of laboratory testing equipment

The number of pieces of laboratory testing equipment such as sieves, solution balances, triple beam balances, compaction apparatus, CBR apparatus, etc., owned by the firm/company

Number of owned pieces of surveying equipment

The number of pieces of surveying equipment owned by the firm/company

Number of owned pieces of field testing equipment

The number of pieces of field testing equipment such as FDT apparatus, slump cone, etc., owned by the firm/company

Number of Technical Support Personnel by Professional Category

The number of technical support personnel employed by the firm/company categorized by professional category

Participation Percentage

The firm's percent participation in the contract in the case of associate firms working together on the contract based on cost

Position

The position held when working on the contract

Primary or Associate Firm

For the listed contract indicate if the firm/company was the prime consultant or the associate consultant

Professional Category

The nature or professional expertise of each employee listed using the categories listed in items "a" and "b".

Tax ID Number/PRC Number/Passport Number

A unique number identifier for each name listed

Telephone Number

The telephone number of the head office

Type of Organization

The category that describes the ownership of the firm/company

Types of Services Contracted to Other Firms

A list of services that were contracted to other firms during the contract

Work Experience

The list of contract the employee has been assigned

Year Established

The year the firm/company was established

Years with Firm

The number of years the employee has worked for the firm