



AIA Design/Build Workbook Form 3.3.1.4

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## CONTRACTOR'S QUALIFICATION CHECKLIST

*This form was developed and approved by the Construction Management and Design/Build Professional Interest Areas (PIA's) of the American Institute of Architects (AIA), and the Architectural Sheet Metal Council of the Sheet Metal and Air Conditioning Contractors' National Association, Inc. (SMACNA)*

*It is to be used in conjunction with AIA Document A305 Contractor's Qualification Statement as a substitute to questions 3.4, 3.5, 3.6. No endorsement of the submitting party or verification of the information is made by the AIA or SMACNA.*

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The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as to not be misleading.

SUBMITTED TO:

ADDRESS:

SUBMITTED BY:

Corporation

NAME:

Partnership

ADDRESS:

Individual

PRINCIPAL OFFICE:

Joint Venture

Other

NAME OF PROJECT (if applicable):

TYPE OF WORK (file separate form for each Classification of Work):

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1. Previous experience in terms of project type.

- No
- Yes

1.2 When:

1.3 Where [list three on-going or recently performed similar in scope projects]:

1.3.1:

1.3.2:

1.3.3:

2. Previous experience in the geographic area.

- No
- Yes

2.1 When:

2.2 Where:

3. Personnel experience in this project type.

- No
- Yes

3.1 How many?

3.2 Who?

4. Staff of this project.

4.1 How many?

4.2 Key people (please list who):

4.3 Training.

4.3.1 What kind of training?

4.3.2 How long did training last?

4.3.3 Who administered training?

4.3.4 When was training?

4.3.4 Length of employment with bidding firm of people listed in 4.2 above:

5. References (in addition to those from number 1 above) .

5.1 Projects.

5.2 People.

6. Are you willing to be tested in the materials and methods specific to this project?

- No
- Yes

7. Firm Profile.

7.1 Total number of people in firm?

7.2 Number of material suppliers used?

8. Experience with specialized materials.

8.1 How many jobs with this material?

8.2 List ongoing or recent projects?

9. Experience with specialized conditions.

9.1 How many projects?

10. Does firm have an on-going training plan in place?

- No
- Yes

10.1 Briefly Describe:

11. Experience with similar/identical methods used to this proposed project?

11.1 Placement:

11.2 Finishing [process description synopsis (i.e. approach/method/power requirements)]:

11.3 How are you going to perform this work?

11.4 Problem Area experience, (such as connections):

12. Team in place, or would this be from a pool?

- In Place
- Pool

13. Shop drawings done in-house or sub-contracted out?

- In-house
- Sub-contractor(s)

13.1 List:

14. Do you have relative examples of details. If so, please attach.

- No
- Yes

15. Indicate source of work performed.

15.1 subcontractors:

15.2 manufacturers:

15.3 vendor purchased:

15.4 who controls fabrication/ installation:

16. Signature.

16.1 Dated at this: \_\_\_\_\_ day of 20\_\_

Name of Organization:

By:

Print Name

Title:

Print Title

M \_\_\_\_\_ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

17. Notarization.

17.1 Subscribed and sworn before me this: \_\_\_\_\_ day of 20\_\_

Notary Public:

My Commission Expires:

Seal: