



PROFESSIONAL SERVICES PRE-QUALIFICATION FORM

Date: _____

Firm Name: _____

Address: _____

Zip: _____

Phone: _____ **Fax:** _____

Contact Person: _____ **Title:** _____

1. Describe Type Of Work Performed: _____

2. Type Of Organization:

? Sole Proprietorship ? Partnership

? Incorporation - State of Incorporation: _____

? Professional Corporation - State of Incorporation: _____

? Other: _____

3. Year Founded: _____

4. Number of Professionals Employed: _____

5. Check if you have been certified as an: ? MBE ? WBE ? DBE

What agency(s) has certified you? : _____

6. Principals & Key Personnel Of Firm:

| Name | Specialty | % Equity Ownership | Years Experience |
|-------|-----------|--------------------|------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. Contracts Recently Completed (last three years):

| | | | |
|-----------------------------|--|------------------|-------------|
| Project/Client Name: | Contact Name: | Phone No. | Year |
| Type of Work: | Firm's Role (Lead, Assoc., etc.): | | |
| Description: | | | |
| | | | |

| | | | |
|-----------------------------|--|------------------|-------------|
| Project/Client Name: | Contact Name: | Phone No. | Year |
| Type of Work: | Your Role (Lead, Assoc., etc.): | | |
| Description: | | | |
| | | | |

| | | | |
|-----------------------------|--|------------------|-------------|
| Project/Client Name: | Contact Name: | Phone No. | Year |
| Type of Work: | Your Role (Lead, Assoc., etc.): | | |
| Description: | | | |
| | | | |

***You may attach additional sheets if necessary.**

Forward the completed form and documentation to: The Darman Group 1425 Central Avenue, Suite 10 Far Rockaway,

TDG PREQUAL FORM #202

NY 11691 - Attn: M/WBE Registry or by fax: 718-337-1885. Questions? Call 718-337-1100