



Contra Costa County Public Works Department

Brian M. Balbas, Director

Deputy Directors
Stephen Kowalewski
Allison Knapp
Warren Lai
Carrie Ricci
Joe Yee

APPLICATION FOR CONSULTANT / ARCHITECT MAILING LIST

IF YOU WISH TO BE ADDED TO OUR CONSULTANT/ARCHITECT MAILING LIST, PLEASE COMPLETE THIS FORM AND RETURN TO: CAPITAL PROJECTS MANAGEMENT, 40 MUIR ROAD, 2ND FLOOR, MARTINEZ, CA 94553 ATTN: DIANA TERNES

FIRM NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE NO.: (____) _____ FAX NO.: (____) _____

FEDERAL TAX ID#: _____ STATE LICENSE NO.: _____

TYPE OF SERVICE (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> V-01 Architectural Services | <input type="checkbox"/> V-11 Modular Furniture | <input type="checkbox"/> V-21 Inspections |
| <input type="checkbox"/> V-02 Asbestos/Lead Assessment | <input type="checkbox"/> V-12 Signs | <input type="checkbox"/> V-22 Security |
| <input type="checkbox"/> V-03 Asbestos/Lead Specifications | <input type="checkbox"/> V-13 Testing | <input type="checkbox"/> V-23 Elevator |
| <input type="checkbox"/> V-04 Construction Management | <input type="checkbox"/> V-14 Structural | <input type="checkbox"/> V-24 Roofing |
| <input type="checkbox"/> V-05 Design/Space Planning | <input type="checkbox"/> V-15 Transportation | <input type="checkbox"/> V-25 Architectural Consulting |
| <input type="checkbox"/> V-06 Electrical | <input type="checkbox"/> V-16 Computer Drafting (CAD) | <input type="checkbox"/> V-26 Telecommunications |
| <input type="checkbox"/> V-07 Environmental | <input type="checkbox"/> V-17 Geotechnical | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> V-08 Fire Protection | <input type="checkbox"/> V-18 Civil | _____ |
| <input type="checkbox"/> V-09 Landscape | <input type="checkbox"/> V-19 Surveying | _____ |
| <input type="checkbox"/> V-10 Mechanical | <input type="checkbox"/> V-20 Project Management | _____ |

ARE YOU A MINORITY OWNED BUSINESS? YES* NO

Agency Certified with: _____ Certification No.: _____

ARE YOU A WOMAN OWNED BUSINESS? YES** NO

Agency Certified with: _____ Certification No.: _____

ARE YOU A SMALL BUSINESS ENTERPRISE? YES** NO

Agency Certified with: _____ Certification No.: _____

ARE YOU A DISABLED VETERANS BUSINESS ENTERPRISE? YES** NO

Agency Certified with: _____ Certification No.: _____

**Please submit documentation if certified with any agencies.

APPROXIMATE SIZE OF PROJECTS INTERESTED IN (check one or more):

- | | | |
|---|--|---|
| <input type="checkbox"/> up to \$50,000 | <input type="checkbox"/> \$100,000-\$500,000 | <input type="checkbox"/> over \$1,000,000 |
| <input type="checkbox"/> \$50,000-\$100,000 | <input type="checkbox"/> \$500,000-\$1,000,000 | |

FORM COMPLETED BY: _____ EMAIL ADDRESS: _____ DATE: _____