STATEMENT OF QUALIFICATIONS (SoQ) FOR PROVIDERS OF PROFESSIONAL SERVICES

Send completed, signed form to: DOT APPRAISAL SoQ Applications, Contracts Office, 869 Punchbowl Street, Honolulu, HI 96813
Certification of SOQ Form contents on the second page must be signed.

CHECK THOSE DISCIPLINES FOR WHICH YOUR COMPANY CAN PROVIDE ANY OF THE LISTED SERVICES AND SPECIALTIES:

- ☐ Real property appraisals (e.g., acquisitions, land valuations; lease rents, terms, and reopenings; remnants and easements; appraisal consulting) List your specialties here: _____
- ☐ Real estate (RE) consulting (e.g., RE development, leasing, financing, brokering, plan reviews) List your specialties here: _____
- ☐ Land use planning
- ☐ Environmental consulting and permitting, regulatory compliance, EA/EIS preparation
- ☐ Abstracting services for land title searches

INFORMATION IN THIS SoQ FORM IS CURRENT AS OF THIS DATE:

COMPANY NAME:

TYPE OF ORGANIZATION (check one):
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Joint Venture
☐ Other (specify type):

TOTAL NUMBER OF EMPLOYEES:	YEAR ESTABLISHED:	PLACE ESTABLISHED (City, State, Country):	COMPANY AGE (Years):	YEARS OF BUSINESS IN HAWAII:	FEDERAL ID NUMBER:

MAIN CONTACT PERSON FOR HAWAII BUSINESS:
Name:
Title:

Office phone number:
Mobile phone:
E-mail address:
Other contact information:

PRINCIPALS OF FIRM--NAMES AND TITLES:

ASSOCIATE MEMBERS OF FIRM–NAMES AND TITLES:

MAIN OFFICE–ADDRESS, TELEPHONE & FAX NO. :

BRANCH OFFICE(S) –ADDRESS(ES), TELEPHONE & FAX NUMBER(S):

PERSONAL HISTORY STATEMENTS OF PRINCIPAL COMPANY PERSONNEL

If more space is needed, attach additional page(s) and include explanation of attachment(s) in cover letter.

NAME:	RESIDENT OF (State):	NAME:	RESIDENT OF (State):
TITLE:		TITLE:	
SPECIALTY AREA(S):		SPECIALTY AREA(S):	
TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM: / AS PRINCIPAL IN OTHER FIRMS: / OTHER THAN PRINCIPAL:	TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM: / AS PRINCIPAL IN OTHER FIRMS: / OTHER THAN PRINCIPAL:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):	
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:		MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:	
LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):		LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):	

NAME:	RESIDENT OF (State):	NAME:	RESIDENT OF (State):
TITLE:		TITLE:	
SPECIALTY AREA(S):		SPECIALTY AREA(S):	
TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM: / AS PRINCIPAL IN OTHER FIRMS: / OTHER THAN PRINCIPAL:	TOTAL YEARS OF RELEVANT EXPERIENCE:	AS PRINCIPAL IN THIS FIRM: / AS PRINCIPAL IN OTHER FIRMS: / OTHER THAN PRINCIPAL:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):	
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:		MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS:	
LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):		LICENSING, REGISTRATION or CERTIFICATION (TYPE, YEAR, STATE):	

PERSONAL HISTORY STATEMENTS OF PRIMARY TECHNICAL PERSONNEL

If more space is needed, attach additional page(s) and include explanation of attachment(s) in cover letter.

NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

NAME:		EMPLOYMENT STATUS: % FTE*
TITLE:		YEARS OF RELEVANT EXPERIENCE:
YEARS WITH THIS FIRM:	YEARS WITH LAST FIRM:	WITH OTHERS IN SIMILAR CAPACITY:
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION):		
RELEVANT PROFESSIONAL REGISTRATION OR CERTIFICATION (TYPE, YEAR, STATE):		

* Full-Time Equivalent employment status

SUMMARY OF SPECIALTY AREAS

ALL PROFESSIONALS: In an **attached statement**, briefly summarize past performance on **timely delivery** of services in relevant specialty areas, including notes about **corrective actions** and responses to any notices of deficiencies regarding specific projects or problems.

APPRAISERS: Complete items 1-3 below to summarize specialty areas of expertise.

1. Please indicate the number of properties for which your company has provided appraisal and/or consultant services within the last TWO years in the following categories:
   _____ Residential _____ Commercial _____ Industrial _____ Resort/Hotel
   _____ Agriculture/Pasture _____ Conservation _____ Submerged lands (piers) _____ Other

2. Please indicate the number of jobs for which your company has provided appraisal and/or consultant services within the last TWO years in the following categories:
   _____ Fee valuations _____ Leased fee valuations _____ Leasehold valuations _____ Ground rent reopenings
   _____ Easements _____ Remnants _____ Arbitration ____Access ____ Litigation ____ Yellow Book

3. Do any of your company personnel hold certification for Federal Yellow Book Standards? ☐ Yes If so, how many? _____ ☐ No

ENVIRONMENTAL PROFESSIONALS:

1. Do any personnel in your company meet the minimum federal EPA standard (40 CFR Chapter I, Subchapter J, §312.10) defining environmental professionals?
   ☐ Yes If so, how many? _____ ☐ No

2. How many projects of the following types has your company completed in the last FIVE years?
   _____ Environmental Site Assessment _____ EA/EIS _____ All appropriate inquiries investigation

REAL ESTATE DEVELOPERS: Briefly summarize the three largest development projects your company has completed in the last FIVE years.

BRIEF DESCRIPTION	LAND AREA (acres)	APPROX. COST
		$
		$
		$

ERRORS AND OMISSIONS INSURANCE

DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? ☐ Yes ☐ No		AMOUNT OF COVERAGE PER CLAIM	AMOUNT OF DEDUCTIBLE
IF YES, NAME OF INSURANCE COMPANY:	**CHECK HERE IF ATTACHED:** ☐ CERTIFICATE OF INSURANCE	$	$

CERTIFICATION OF SOQ FORM CONTENTS

I certify that the foregoing is a true statement of facts, as of the following date: _____

PRINT NAME OF RESPONSIBLE PERSON: PRINT TITLE OF RESPONSIBLE PERSON: SIGNATURE: