# LONGVIEW SCHOOL DISTRICT NO. 122

**2715 Lilac Street**
Longview, WA 98632
Phone: (360) 575-7167
Email: ksouvenir@longviewschools.org

# PROFESSIONAL SERVICES ROSTER APPLICATION

*(Architectural, Engineering, Surveying, Testing, Consulting & Related Professional Services)*

## Firm Information

**Legal Name of Firm:** _____

**Business Address:** _____

**Telephone:** _____

**Email:** _____

**Website:** _____

**Primary Contact Person:** _____

**Title:** _____

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## Personnel

Principal in Charge: _____

Project Manager: _____

Number of Professional Employees: _____

Number of Licensed Professionals:_____

## Professional Services Offered

Please check all services your firm is qualified to perform.

☐ Architectural Services

☐ Civil Engineering

☐ Structural Engineering

☐ Mechanical Engineering

☐ Electrical Engineering

☐ Plumbing Engineering

☐ Fire Protection Engineering

☐ Landscape Architecture

☐ Surveying

☐ Geotechnical Engineering

☐ Materials Testing & Inspection

☐ Environmental Consulting

☐ Hazardous Materials Consulting

☐ Commissioning Services

☐ Building Envelope Consulting

☐ Roofing Consulting

☐ Cost Estimating

☐ Construction Management

☐ Owner's Representative Services

☐ Energy Services

☐ ADA Accessibility Consulting

☐ Educational Planning

☐ Technology/Low Voltage Design

☐ Traffic Engineering

☐ Water/Wastewater Engineering

☐ Other: _____

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## Professional Registration

Washington State Professional License Number(s): _____

UBI Number: _____

License Type(s): _____

Business License Number (if applicable): _____

Expiration Date(s): _____

Minority/Women/Veteran Certification (Optional)

☐ MWBE Certified

☐ Veteran-Owned

☐ Small Business

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# Insurance

Professional Liability (Errors & Omissions)

Carrier: _____

Coverage Limits: _____

General Liability Coverage: _____

Workers Compensation Carrier:_____

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# Experience & References

Please describe your firm's experience with K–12 school districts or other public agencies & list least five similar projects completed within the past five years along with Project Owners Contact information.

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Please attach the following (if applicable):

☐ Statement of Qualifications (SOQ)

☐ Current Certificate of Insurance

☐ Resumes of Key Personnel

☐ References

☐ Sample Projects

☐ MWBE or Veteran Certification

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# Authorized Signature

I certify the information provided is true and complete. I understand that placement on the Longview School District Professional Services Roster does not guarantee the award of any contract.

Firm Name:

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Authorized Representative:

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Title:

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Signature:

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Date:

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### Selection Notice

Professional service firms will be evaluated based upon qualifications, relevant experience, availability, performance history, specialized expertise, and other criteria deemed in the best interest of Longview School District. Placement on this roster does not constitute a contract or guarantee of work. Firms may be contacted for project-specific proposals or interviews as needed.