



Department of Facilities and Transportation
 Office of Administrative Services
 5025 Sideburn Road
 Fairfax, VA 22032

A&E MAILING LIST APPLICATION

All answers should be typed or printed. Read information and instructions carefully.

FIRM NAME _____

ADDRESS _____

***Email address is required to receive notification of invitations for bid. Applications should be mailed to address above.**

TELEPHONE _____ **FAX** _____ **EMAIL*** _____

TAX ID NUMBER _____ **EMAIL*** _____

TYPE OF ORGANIZATION (Check One) Individual Partnership Corporation
 If incorporated, indicate in which state: _____

<p>Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects (APELSCIDLA Board)</p> <p>VIRGINIA PROFESSIONAL LICENSE CERTIFICATE</p> <p>NUMBER: _____</p> <p><input type="checkbox"/> Firms License <input type="checkbox"/> Individual License</p>	<p>Firms Area of Disciplines (Specify Below):</p> <table border="0"> <tr> <td><input type="checkbox"/> Architectural Firm</td> <td><input type="checkbox"/> Mech./Elect./Plumb. Firm</td> </tr> <tr> <td><input type="checkbox"/> Architectural & Engineering Firm</td> <td><input type="checkbox"/> Structural Firm</td> </tr> <tr> <td><input type="checkbox"/> Civil Engineer Firm</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Environmental/Geotechnical /Landscape/Survey Firm</td> <td></td> </tr> </table>	<input type="checkbox"/> Architectural Firm	<input type="checkbox"/> Mech./Elect./Plumb. Firm	<input type="checkbox"/> Architectural & Engineering Firm	<input type="checkbox"/> Structural Firm	<input type="checkbox"/> Civil Engineer Firm	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Environmental/Geotechnical /Landscape/Survey Firm	
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<input type="checkbox"/> Environmental/Geotechnical /Landscape/Survey Firm									

BUSINESS DATA: Small Business Women-owned Business Minority Business

How long in Present Business: _____ years Number of employees: _____

1. Has the firm/principals had any judgments entered against it or bankruptcy within the past ten years? No Yes

2. Has the firm/principals been found to be in substantial non-compliance with FCPS in the past five years? No Yes

3. Has the firm currently been debarred pursuant to an established debarment procedure from any public body (local/state/federal)? No Yes

If Yes is checked, Additional Information is required below:

FAIRFAX COUNTY BPOL (BUSINESS PROFESSIONAL OCCUPATIONAL LICENSE): _____

NAMES OF OFFICERS, MEMBERS OR OWNERS OR CONCERNED PARTNERSHIPS, ETC.

President's/Owner's Name (Typed/Printed)	Vice President's/Partner's Name (Typed/Printed)
Secretary's Name (Typed/Printed)	Treasurer's Name (Typed/Printed)

PERSONS AUTHORIZED TO SIGN BIDS AND CONTRACTS IN YOUR NAME (IF AGENT, SO SPECIFY)

NAME _____ **OFFICIAL CAPACITY** _____

I certify that the above information is correct and applicant has not be debarred or declared ineligible from bidding for services by the Fairfax County Government or its agencies.

X _____
 Signature

A&E MAILING LIST APPLICATION

Information & Instructions

Firms desiring to be included on the Fairfax County Public School A&E Mailing List(s) for Architectural and Engineering Services for facilities modifications and improvements must complete and submit an A&E Mailing List Application. It is the responsibility of the Firm to keep the information provided to Fairfax County Public Schools current.

The Fairfax County Human Rights Ordinance and relevant Federal and State laws, orders and regulations require Fairfax County to ensure that its procurement practices are non-discriminatory and promote equality of opportunity for small and minority business enterprises.

Carefully read the following instructions before completing the mailing list application.

Address	Enter the address where contract documents or general correspondence are to be mailed. An email address is <u>required</u> to receive notification of invitations to bid. Firms may submit more than one email address.
Tax ID Number	Business – Enter your employer ID number. Individual – Enter your Social Security Number.
Virginia Contractors License Certificate Number	Enter your <u>APELSCIDLA license</u> certificate number and indicate whether it is a <u>Firm or Individual license</u> . Virginia Code 54.1-1103(A) provides that “[no] person <u>shall engage in, or offer to engage in contracting work</u> or operate as an owner-developer in the Commonwealth unless he has been licensed or certified under the provisions of this chapter.” Information regarding state licensing is available at http://www.dpor.virginia.gov or questions may be directed to the Department of Professional and Occupational Regulation/State Board of Contractors at 804-367-8500.
Fairfax County BPOL	Enter BPOL information if applicable. Information regarding BPOL is available at www.fairfaxcounty.gov/dta/business_bpole.htm or questions may be directed to the Fairfax County Department of Taxation at 703-222-8234.
Type of Discipline	Check any type of discipline for which you wish to be included.
Names of Officers, Members or Owners or Concerned Partnerships, Etc.	Include all names and signatures as appropriate.
Business Data*	For the purpose of this application, a <u>small business</u> means an independently owned and operated business which, together with affiliates, has 250 or fewer employees or average annual gross receipts of \$10 million or less averaged over the previous three years. A <u>minority business</u> means a business concern that is at least 51% owned by one or more individuals or in the case of a corporation, partnership or limited liability company, or other entity, at least 51% of the equity ownership interest in the corporation, partnership or limited company or other controlled by one or more minority individuals. Such individuals shall include Asian American, African American, Hispanic American, Native American, Eskimo or Aleut. A <u>women-owned business</u> means a business concern that is at least 51% owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership or limited company or other entity, at least 51% of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women who are U.S. citizens or legal resident aliens. *Additional information is listed under the Business Data Section and is required and must be answered or the application will be rejected.