

WAHAKIAKUM COUNTY DEPARTMENT OF PUBLIC WORKS
CONSULTANT SERVICES QUESTIONNAIRE

The information on this form will be used by Wahkiakum County to assist in filing and retrieving questionnaires submitted by consultants.

Firm Name: _____

Address: _____
City State Zip Code

Contact Person: _____

Business Phone: _____ Date: _____

Fax: _____ E-mail: _____

YEARS OF EXPERIENCE IN THE FOLLOWING:

- Architect/Design Consultants _____
- Electrical Engineering _____
- Structural Engineering _____
- Geotechnical Engineering _____
- Hydraulics/Hydrology _____
- Land Surveying _____
- Drafting Services _____
- Traffic and Transportation _____
- Construction Management _____
- Naval Architecture/Marine Engineering _____
- Biological Investigations/Studies _____
- Archaeology/Historic Preservation _____
- Environmental Analysis _____
- Forest Management/Economics _____

Is your firm a qualified Disadvantaged Business Enterprise? Yes ___ No ___

Questionnaires that do not include the following will not be accepted:

- Brochure or statement of qualifications
- At least three recent references for applicable work