

# CONSTRUCTION MANAGEMENT/INSPECTION PRE-QUALIFICATION REQUEST

Return your filled out pre-qualification request to:

City of Lincoln/Lancaster County Purchasing Department,  
Attn: Purchasing Agent  
440 S. 8th St., Ste. 200  
Lincoln, NE 68508  
or e-mail [purchasing@lincoln.ne.gov](mailto:purchasing@lincoln.ne.gov)

Firm Name		Principal Contact Name	Title
Firm Address		Contact E-Mail	
Phone #	Fax #	# of Personnel for Construction Management/Inspection *	

Information on key administration personnel for this firm: (List at least one and no more than three employees.)

## Personnel, specialists, and individual consultants #1

Name	Title	Active Registration (Year Registered/Discipline/State)
Experience & Qualifications Relevant to the Discipline		

## Personnel, specialists, and individual consultants #2

Name	Title	Active Registration (Year Registered/Discipline/State)
Experience & Qualifications Relevant to the Discipline		

## Personnel, specialists, and individual consultants #3

Name	Title	Active Registration (Year Registered/Discipline/State)
Experience & Qualifications Relevant to the Discipline		

Work by firm which best illustrates current qualifications relevant to this discipline.		
<b>Project #1</b>		
<b>Project Name &amp; Location</b>	<b>Project Owner's Name &amp; Email Address</b>	<b>Phone Number</b>
<b>Estimated Cost (in thousands)</b>		
<b>Entire Project</b>	<b>Firm's Responsibility</b>	
<b>Nature of Firm's Responsibility</b>		

<b>Project #2</b>		
<b>Project Name &amp; Location</b>	<b>Project Owner's Name &amp; Email Address</b>	<b>Phone Number</b>
<b>Estimated Cost (in thousands)</b>		
<b>Entire Project</b>	<b>Firm's Responsibility</b>	
<b>Nature of Firm's Responsibility</b>		

<b>Project #3</b>		
<b>Project Name &amp; Location</b>	<b>Project Owner's Name &amp; Email Address</b>	<b>Phone Number</b>
<b>Estimated Cost (in thousands)</b>		
<b>Entire Project</b>	<b>Firm's Responsibility</b>	
<b>Nature of Firm's Responsibility</b>		

<b>Classification - Check all that apply</b>	
<div> <div>_____ Nebraska/Locally-Based Business</div> <div>_____ Veteran Owned Business</div> </div>	<div> <div>_____ Woman Owned Business</div> <div>_____ Minority Owned Business</div> </div>

To be completed by City:

This company has been approved for pre-qualification.

\_\_\_\_\_

Yes

\_\_\_\_\_

No

Reason:

Signed \_\_\_\_\_  
Purchasing Agent

Date \_\_\_\_\_

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