



All firms must update this Registration form annually by submitting a current, unaltered version of this form. Failure to provide current information will result in the loss of registration status. The current form may be obtained at https://oklahoma.gov/omes/services/construction-and-properties/cap-forms.html.

DATED this _____ day of _____ in the year 20__.

SUBMITTED TO OWNER:

State of Oklahoma
Construction, Planning, and Real Estate Services
P.O. Box 53448
Oklahoma City, OK 73152-3448
cap@omes.ok.gov

REGISTRATION

If selected to provide said services, the firm shall be financially responsible for the delivery of all services required by the Agreement.

SUBMITTED BY:

(Company Name) (City, State ZIP)
(Address) (Single POC Email) (Telephone Number)

Principal Office: [] Yes [] No
[] Corporation [] Partnership [] Individual [] Joint Venture [] LLC [] LLP [] LLPC [] Other (EIN/TIN Number)

Type of Qualifications.

What certification(s)/license(s)/software does your firm or employee(s) hold? [Must provide copy of Certification Certificate from source(s)]

- [] Certified Water Restoration Contractor [] Certified Mold Remediation Contractor
[] General Contractor [] Certified Contents/Cleaning Contractor
[] Certified Contents/Electronics/Documents Restoration [] Xactimate Estimating Software
[] Time & Material Price List for Mitigation Projects

(Note: List license or certification territory covered under certification type for each checked above.)

1.0 Provided Services.

1.1. What categories of services does your organization provide? (Check all that apply)

- [] Water/Mold Remediation [] Other Emergency Services
[] Contents Handling/Cleaning [] Electronics Restoration
[] Document Restoration [] General Contracting/Fire & Water Restoration
[] Other

2.0 Organization:

- 2.1. How many employees does your organization employ locally?
2.2. How many years has your organization been in business?
2.2.1. How many years providing water/mold remediation services?
2.2.2. How many years providing contents handling/cleaning services?
2.2.3. How many years providing general contracting services?
2.2.4. How many years providing _____ services?
2.3. How many years in business under present business name?
2.3.1. Under what other (e.g., trade name, fictitious name) or former names has your organization operated?
2.4. If your organization is a corporation, answer the following:
2.4.1. Corporation is in good standing in state of incorporation: Yes [] No []
2.4.2. Date of incorporation:
2.4.3. State of incorporation:

- 2.4.4. President's name: _____
- 2.4.5. Vice-president's name(s): _____
- 2.4.6. Secretary's name: _____
- 2.4.7. Treasurer's name: _____

2.5. If your organization is a partnership, answer the following:

- 2.5.1. Partnership is in good standing in state of organization: Yes No
- 2.5.2. Date of organization: _____
- 2.5.3. Type of partnership, if applicable: _____
- 2.5.4. Name(s) of general partner(s): _____

2.6. If your organization is individually owned, answer the following:

- 2.6.1. Organization is in good standing in state of organization: Yes No
- 2.6.2. Date of organization: _____
- 2.6.3. Name of owner: _____

2.7. Company Equipment: Oklahoma Location(s)

- Air Movers/Fans _____ Dehumidifiers _____ Water Extraction Vans _____
- Desiccant Units _____ Generators _____ Ozone Machines _____
- Carpet Cleaning Vans _____ Box Trucks _____ Other Vehicles _____
- Company can acquire equipment from other regional locations as needed: Yes No
- Other Equipment Information: _____

2.8. List of Oklahoma Counties served: _____

3.0 Experience.

3.1. List the categories of work that your organization normally performs with its own forces:

3.2. List the categories of work that your organization normally subcontracts:

3.3. **Claims and Suits.** (If the answer to any of the questions below is yes, attach details.)

- 3.3.1. Has your organization ever failed to complete any work awarded to it? Yes No
- 3.3.2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No
- 3.3.3. Has your organization filed any lawsuits or requested arbitration with regard to mitigation/reconstruction projects within the last five years? Yes No

3.4. List five (5) major projects your organization has completed in the last year.
(Project Type must be one of the following: Residential, Commercial, Multi-family, Healthcare, or Institutional)

3.4.1. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Actual Completion Date)

3.4.2. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Actual Completion Date)

3.4.3. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Actual Completion Date)

3.4.4. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Actual Completion Date)

3.4.5. Project Name: _____

(Project Type) (Owner Organization)

(Contract Amount) (Owner Contact)

(Percent Complete) (Owner Email and/or Telephone Number)

(Scheduled Completion Date) (Actual Completion Date)

4.0 Organization - References.

4.1. Client References:

4.1.1.

(Owner Organization)

(Owner Contact)

(Owner Email and/or Telephone Number)

4.1.2.

(Owner Organization)

(Owner Contact)

(Owner Email and/or Telephone Number)

4.1.3.

(Owner Organization)

(Owner Contact)

(Owner Email and/or Telephone Number)

4.1.4.

(Owner Organization)

(Owner Contact)

(Owner Email and/or Telephone Number)

4.1.5.

(Owner Organization)

(Owner Contact)

(Owner Email and/or Telephone Number)

4.2. Trade References:

4.3. Bank Refences

4.4. Insurance Company:

4.4.1. Name of Insurance Co (if applicable): _____

4.4.2. Name, address, & email of Agent: _____

4.4.3. Policy Information:

(General Liability Limit)

(GL Policy Number)

(Excess Liability Limit)

(Excess Liability Policy Number)

(Workers Compensation Carrier)

(Workers Comp Policy Number)

(Auto Policy Limit)

(Auto Policy Number)

5.0 Signature.

5.1. The undersigned, being duly authorized to sign on behalf of the organization named herein, does swear or affirm, under penalty of perjury, that the contents of this Qualification Statement, and each supporting document, are true and sufficiently complete so as not to be misleading as so dated above.

REGISTRANT (Mitigation Contractor):

(Authorized Representative Signature)

(Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)