



COMPANY NAME: _____

DBA (If Applicable): _____

ADDRESS: _____ (street address) _____ (city, state) _____ (zip)

MAILING ADDRESS: (If different from address above): _____ (street address) _____ (city, state) _____ (zip)

CONTACT PERSON: Ms. Mr. _____ TITLE: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

COMPANY WEBSITE / URL (If Applicable): _____

TAX IDENTIFICATION NUMBER (EIN): _____

ARE ANY OF THE OWNERS OR OWNERS' RELATIVES CURRENTLY EMPLOYED BY THE UNIVERSITY OF CALIFORNIA? (If yes, please provide details on attached sheets) YES NO

TYPE OF BUSINESS ORGANIZATION: PARTNERSHIP INDIVIDUAL / SOLE PROPRIETOR

CORPORATION STATE OF INCORPORATION: _____

OTHER PLEASE SPECIFY: _____

KEY PERSONNEL: Check "P" or "A" for each person listed: Principal (P) and Associates (A)

NAME	P	A	DEGREE OR CERTIFICATION	INSTITUTION

SPECIFY THE AVERAGE NUMBER OF STAFF EMPLOYED IN THE HOME OFFICE (In the past 5 years):

ARCHITECTS:		ENGINEERS:		LANDSCAPE ARCHITECTS:	
INTERIOR DESIGN:		COST ESTIMATORS:		DRAFTING TECHNICIANS:	
LAND SURVEYORS:		OTHERS:			

CHECK THE PROFESSIONAL DISCIPLINE(S) PERFORMED BY YOUR OFFICE:

ARCHITECTURE	<input type="checkbox"/>	EQUIPMENT PLANNING	<input type="checkbox"/>	MATERIALS TESTING/INSPECTION	<input type="checkbox"/>
ACCESSIBILITY COMPLIANCE CONSULTING	<input type="checkbox"/>	ENVIRONMENTAL	<input type="checkbox"/>	MODEL CONSTRUCTION	<input type="checkbox"/>
ACOUSTICAL CONSULTING	<input type="checkbox"/>	FOOD SERVICES CONSULTING	<input type="checkbox"/>	PHOTOGRAPHY/VIDEOGRAPHY	<input type="checkbox"/>
ATHLETIC FACILITY CONSULTING	<input type="checkbox"/>	GRAPHIC DESIGN	<input type="checkbox"/>	ROOFING/WATERPROOFING CONSULTING	<input type="checkbox"/>
BUILDING MAINTENANCE SYSTEM CONSULTING	<input type="checkbox"/>	GREEN AND SUSTAINABLE BUILDING CONSULTING	<input type="checkbox"/>	SCHEDULE AND CLAIMS ANALYSIS CONSULTING	<input type="checkbox"/>
CAD SERVICES	<input type="checkbox"/>	HAZARDOUS MATERIALS	<input type="checkbox"/>	SCIENTIFIC CONSULTING	<input type="checkbox"/>
CODE COMPLIANCE CONSULTING	<input type="checkbox"/>	INDEPENDENT REVIEW CONSULTING	<input type="checkbox"/>	SIGNAGE AND ART CONSULTING	<input type="checkbox"/>
CONSTRUCTION MANAGEMENT	<input type="checkbox"/>	INTERIOR DESIGN	<input type="checkbox"/>	SOILS TESTING/INSPECTION	<input type="checkbox"/>
COST ESTIMATION	<input type="checkbox"/>	LABORATORY PLANNING	<input type="checkbox"/>	STRATEGIC PLANNING	<input type="checkbox"/>
CURTAINWALL CONSULTING	<input type="checkbox"/>	LAND SURVEYING	<input type="checkbox"/>	TRAFFIC/TRANSPORTATION CONSULTING	<input type="checkbox"/>
ELEVATOR CONSULTING	<input type="checkbox"/>	LANDSCAPE ARCHITECTURE	<input type="checkbox"/>	URBAN/MASTER PLANNING	<input type="checkbox"/>
ENERGY STUDIES AND ANALYSIS CONSULTING	<input type="checkbox"/>	LIGHTING CONSULTING	<input type="checkbox"/>	VALUE ENGINEERING CONSULTING	<input type="checkbox"/>
ENGINEERING	<input type="checkbox"/>	OTHER (Please List):	<input type="checkbox"/>		

LIST 5 MAJOR HEALTHCARE PROJECTS OF SIMILAR TYPE AND SCOPE (Completed by your office within the past 5 years):

PROJECT NAME	CONSULTANT FEE	SCOPE OF SERVICES	YEAR COMPLETED	OWNER

REFERENCES:

NAME, TITLE	COMPANY	ADDRESS	PHONE NUMBER	E-MAIL ADDRESS

This form must be completed and submitted with a Cover Letter in response to the Office of the President Annual Announcement.