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| **STANDARD FORM: DOTD 23-118**  **Right of Way Special Valuation Services** | | | | | | | Revised: September 11, 2018 | | | | | | | | |
| 1. Advertisement Title:  **IDIQ Contract for Right of Way Petroleum Engineer Services Statewide** | | | | | | 2. Advertisement Announcement Date: | | | | | 3. Advertisement Contract Numbers: | | | | |
| **Friday, May 17, 2019** | | | | | 40000123 & 40000124 | | | | |
| 4. Name of Firm/Individual:  (as registered with LA Secretary of State, where applicable) | | | | | | 6. Contact Principal Information:  (Individual with SIGNING AUTHORITY) | | | | | | | | | |
|  |  | | | |  | Name: | | |  | | |  |  | |  |
|  | | | Last | | | First | M.I. | |  |
|  | | | | | | Title: | | |  | | | | | |  |
| 5. Mailing Address | | | | | |
|  |  | |  | |  | Phone No: | | |  | | | | | |  |
|  | Address | | Unit | |  | Email: | | |  | | | | | |  |
|  |  |  |  | |  |  | | | | | | | | | |
|  | City | State | Zip Code | |  |
|  | | | | | | | | | | | | | | | |
| 7. Personnel List | | | | | | | | | | | | | | | |
| Name | | | | License Type and Number (if applicable) | | | | | | Employee or Sub-consultant | | | | | |
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| **8. Please attach a short resume for each individual listed in #7.** | | | | | | | | | | | | | | | |
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| This is to certify that all information contained herein is accurate and true. I personally have sufficient staff to perform these services within the designated time frame. | | | | | | | | | | | | | | | |
|  |  | | | | | | |  |  | | | | |  | |
|  | Original Signature, in blue ink on Original  (shall be same person as #6) | | | | | | |  | Date | | | | |  | |

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| **9. Please list projects tasked to your FIRM by DOTD Real Estate Section. List all projects completed and in progress. Add extra lines as necessary.** | | | | |
| Project Number | Project Description | Parish | NTP Date  (Month/Year) | Number of Reports |
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| **10. Please list projects tasked to your FIRM by DOTD Legal Section. List all projects completed and in progress. Add extra lines as necessary.** | | | | |
| Project Number | Project Description | Parish | NTP Date  (Month/Year) | Number of Reports |
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| **11. Please list projects performed by your FIRM for other municipalities or expropriating authorities. Add extra lines as necessary.** | | | | |
| Agency/Authority | Project Description | Parish | Begin Date  (Month/Year) | Number of Reports |
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