



**Washington State
Department of Transportation**

**Statement of Qualifications for
Engineering Geology & Rock/Rockfall Geotechnical Project Delivery
Packet B**





10250 S.W. Greenburg Road, Suite 111
Portland, Oregon 97223
Phone 503-452-1200 Fax 503-452-1528

TRANSMITTAL LETTER

To: Washington State Department of Transportation Date: December 1, 2023

Attn: Manager, Consultant Services Office

Sent by: Mail Email Hand Carried

| Quantity | Item | Descriptions |
|----------|----------|--|
| 1 | Packet A | <ul style="list-style-type: none">• Responses to Scoring Criteria #1 through #5 |
| 1 | Packet B | <ul style="list-style-type: none">• Scoring Criteria #6 (References/Past Performances)• Scoring Criteria #7 (Contractor Certification–Worker’s Rights)• Consultant Information Forms |

Remarks:
Attached, please find our Statement of Qualifications (Packets A and B) for the WSDOT Engineering Geology & Rock/Rockfall Geotechnical Project Delivery Contract. We look forward to your favorable consideration.

By: Michael R. Meyer
Michael R. Meyer, PE, GE
President

REFERENCES/

PAST PERFORMANCE EVALUATIONS

| | | | | |
|--|----------------------------------|--|------------------------------|--|
| Consultant Name | | Evaluation Type Interim Subconsultant Final | | |
| Consultant Address | | Project Title | | |
| | | Agreement Number | | |
| Type of Work Study Design R/W PS&E Other (Specify Below): | | Type of Agreement Lump Sum Hourly Rate Cost Plus Fixed Fee Other | | |
| Complexity of Work Difficult Routine | Date Agreement Approved | | | |
| Amount of Original Agreement \$ | Total Amount Modifications \$ | | Total Amount Agreement \$ | |
| Completion Date Including Extensions | Actual Completion Date | | Actual Total Paid \$ | |
| Type and Extent of Subcontracting | | | | |

Performance Rating Scale (From Average Score Below)

| | | | | |
|------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------|
| <u> S </u> Superior | <u> AR </u> Above Std. | <u> MR </u> Meets Std. | <u> BR </u> Below Std. | <u> P </u> Poor |
|------------------------------|---------------------------------|---------------------------------|---------------------------------|--------------------------|

| Standard Criteria | Comments (Justify Above & Below Ratings) | Rating |
|---|--|--------|
| 1. Negotiations Cooperative and responsive Adhered to WSDOT guidelines on fee. Met negotiation schedule. Open and honest communications. Willingness to negotiate in good faith | | |
| 2. Cost / Budget Finished within agreed budget, including all supplements Appropriate level of effort (Cost commensurate with work) Reasonable direct, non-salary expenses (Approx. xx% -yy%) | | |
| 3. Schedule Complete within agreement schedule including supplements. Achieved schedule (Including all supplements). Prompt response to review comments Adapted to changes by WSDOT Notified WSDOT early regarding schedule issues | | |
| 4. Technical Quality Work products meet WSDOT design policy & standards Performed appropriate quality control and assurance Responds to review comments in subsequent submission Pursued innovative design solutions Delivered "compatible" electronic files Implemented principles of practical design | | |

| | | |
|--|--|--|
| <p>5. Communications Clear and concise communication (Oral, written, drawings). Demonstrates an understanding of oral and written instructions Communicated at intervals appropriate for continual progress</p> | | |
| <p>6. Management Provided creative cost control measures Submitted appropriate, periodic, accurate progress reports Accurate and timely invoicing Conducted meetings efficiently Limited the number of consultant-initiated contract modifications / supplements Collaborated effectively with WSDOT Responsive Managed subconsultants effectively</p> | | |
| <p>7. Other Criteria (As agreed)</p> | | |
| <p>Overall Rating</p> | | |

| | | |
|--|--|-------------|
| <p>Rated By (Project Manager Name and Title)</p> | <p>Project Manager Signature </p> | <p>Date</p> |
| <p>Rated By (Area Consultant Liaison Name and Title)</p> | <p>Area Consultant Liaison Signature</p> | <p>Date</p> |
| <p>Executive Review (Name and Title)</p> | <p>Executive Signature</p> | <p>Date</p> |

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

| |
|--|
| Consultant Name: Cornforth Consultants, Inc. (dba Landslide Technology) |
| Consultant's Project Manager: Brent Black |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) MT-135 Rockfall Mitigation |

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

| | | | |
|---|------------|----------|---------------------------|
| | Start Date | End Date | Dollar Amount of Services |
| <input checked="" type="checkbox"/> Prime | 12/01/21 | 12/31/23 | 68,000.00 |
| <input type="checkbox"/> Sub | | | |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score | 60.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 10.00 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| Evaluator Information: | | |
|---|--|-----------------------|
| Firm/Company Name: Montana Department of Transportation | | |
| Evaluator's Name: Bret Boundy | Evaluator's Title: Geotechnical Manager | |
| Firm/Company Address: 2701 Prospect Ave, P.O. Box 201001, Helena MT 59620-1001 | | |
| Phone: (406) 444-6278 | Fax: (406) 444-0808 | Date: 11/16/23 |

Distribution:
 Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

| |
|---|
| Consultant Name: Cornforth Consultants, Inc. (dba Landslide Technology) |
| Consultant's Project Manager: Ben George |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Seward Highway Rockfall Mitigation Design |

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

| | | | |
|---|------------|----------|---------------------------|
| | Start Date | End Date | Dollar Amount of Services |
| <input checked="" type="checkbox"/> Prime | 09/01/20 | 11/30/23 | 2,078,000.00 |
| <input type="checkbox"/> Sub | | | |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score | 60.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 10.00 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| Evaluator Information: | | |
|--|---|-----------------------|
| Firm/Company Name: State of Alaska DOT&PF - Construction | | |
| Evaluator's Name: Jonathan Tymick | Evaluator's Title: Project Manager | |
| Firm/Company Address: 4111 Aviation Ave, Anchorage Alaska 99519 | | |
| Phone: (907) 269-0453 | Fax: | Date: 11/29/23 |

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Washington State Department of Transportation

Performance Evaluation Completed by Reference

| |
|--|
| Consultant Name: Cornforth Consultants, Inc. (dba Landslide Technology) |
| Consultant's Project Manager: Brent A. Black |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) SR-8 Rockfall Mitigation near LM 20.5 and 20.7 |

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

| | | | |
|---|------------|----------|---------------------------|
| | Start Date | End Date | Dollar Amount of Services |
| <input checked="" type="checkbox"/> Prime | 03/30/23 | 08/29/23 | 39,200.00 |
| <input type="checkbox"/> Sub | | | |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 10.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 10.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 10.00 |
| Total Score | 60.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 10.00 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| Evaluator Information: | | |
|--|--|-----------------------|
| Firm/Company Name: Tennessee Department of Transportation | | |
| Evaluator's Name: Robert Jowers | Evaluator's Title: TDOT Team Lead | |
| Firm/Company Address: 6601 Centennial Blvd., Nashville TN 37243 | | |
| Phone: (615) 350-4133 | Fax: (615) 350-4128 | Date: 11/30/23 |

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 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

| |
|---|
| Consultant Name: Cornforth Consultants, Inc. (dba Landslide Technology) |
| Consultant's Project Manager: Brent Black |
| Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Historic Columbia River Highway Trail Rockfall Mitigation (Segment E) |

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

| | | | |
|---|------------|----------|---------------------------|
| | Start Date | End Date | Dollar Amount of Services |
| <input type="checkbox"/> Prime | 12/01/19 | 07/01/23 | 449,000.00 |
| <input checked="" type="checkbox"/> Sub | | | |

| Performance Evaluation | |
|--|----------------------|
| Rating Criteria | Score |
| Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high. | 1 - Low to 10 - High |
| 1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related? | 10.00 |
| 2. Did the firm complete the project within the total budgeted amount? | 8.00 |
| 3. Did the firm complete the project within the contract schedule(s)? | 8.00 |
| 4. Did the firm meet all of your technical standards and quality expectations? | 10.00 |
| 5. Was the firm's communication, both oral and written, clear and concise? | 10.00 |
| 6. Was the firm's project management system effective? | 8.00 |
| Total Score | 54.00 |
| (Total the score by adding the scores for criterias 1 through 6.) | |
| Average Score | 9.00 |
| (Average the score by dividing the total score by the total number of criteria that was rated.) | |

| Evaluator Information: | | |
|--|---|-----------------------|
| Firm/Company Name: Western Federal Lands Highway Division | | |
| Evaluator's Name: Nicholas Farny | Evaluator's Title: Engineering Geologist | |
| Firm/Company Address: 610 E 5th Street, Vancouver, WA 98661 | | |
| Phone: (812) 550-0304 | Fax: | Date: 11/27/23 |

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

CONTRACTOR CERTIFICATION-WORKERS' RIGHTS FORMS

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Cornforth Consultants, Inc. (dba Landslide Technology)

Name of Contractor/Bidder – Print full legal entity name of firm

By: Michael R. Meyer
Signature of authorized person

Michael R. Meyer
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Portland, Oregon
Print city and state where signed

Date: November 2, 2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: _____
Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: GeoEngineers, Inc.

Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Andrew J. Caneday
Print Name of person making certifications for firm

Title: Associate Engineering Geologist
Title of person signing certificate

Place: Seattle, Washington
Print city and state where signed

Date: November 15, 2023

**CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS' RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

Pursuant to the Washington State Governor's Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Aimone-Martin Associates, LLC
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Catherine Aimone-Martin
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Lemitar, New Mexico
Print city and state where signed

Date: November 21, 2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

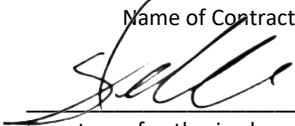
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Central Geotechnical Services, LLC.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Stephen Eagar
Print Name of person making certifications for firm

Title: President
Title of person signing certificate

Place: Portland, OR
Print city and state where signed

Date: 11/8/23

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

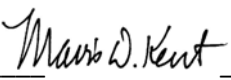
NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Plateau Geoscience Group LLC
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Mavis D. Kent
Print Name of person making certifications for firm

Title: Owner
Title of person signing certificate

Place: Battle Ground, WA
Print city and state where signed

Date: November 1, 2023

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportation is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: Engineering Geology & Rock/Rockfall Geotechnical Project Delivery

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Maria Rivero with Rivero Design

Name of Contractor/Bidder – Print full legal entity name of firm

By: Maria Rivero
Signature of a person

Digitally signed by Maria Rivero
DN: C=US,
E=Maria@RiveroDesign.com,
O=Rivero Design, CN=Maria Rivero
Location: Portland
Reason: I have reviewed this
document
Contact Info: 503-475-2351
Date: 2023.11.09 08:19:37 -08'00'

Maria Rivero
Print Name of person making certifications for firm

Title: Principal
Title of person signing certificate

Place: Portland, Oregon
Print city and state where signed

Date: 11/9/2023

CONSULTANT INFORMATION FORMS

Consultant Information Form

| | | | |
|--|---|--|----------------------------|
| Firm Name: Cornforth Consultants, Inc. (dba Landslide Technology) | | FYE Date: 12/31/2023 | Number of Employees: 31 |
| Address: 10250 SW Greenburg Road, Suite 111 | | | |
| City: Portland | State: OR | Zip Code: 97223 | County: Washington |
| Phone: 503-452-1200 | Fax: N/A | Company Web Site: www.LandslideTechnology.com | |
| Remit to Address: 10250 SW Greenburg Road, Suite 111 | | | |
| City: Portland | State: OR | Zip Code: 97223 | County: Washington |
| Phone: 503-452-1200 | Fax: N/A | | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV007705800 | | Federal Tax ID Number or Social Security Number: 93-0837288 | |
| Unified Business Identifier Number (UBI): 601 205 658 | | Date Universal Numbering System (DUNS) Number: 11-529-0470 | |
| Year Firm Established: 1983 | UDBE/SBE/MSVWBE Certification Number:: N/A | NAICS Code & Code Name: 541330 - Engineering Services | |
| Proposed Project Manager: Brent Black, LEG, LHG | | Email: brent.black@ccilt.com | |
| Financial Contact: Michael Meyer, PE, GE | | Email: mike.meyer@ccilt.com | |

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov.

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn't already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. Please contact WSDOT TRAINS Help Desk at 360-705-7514 for assistance.

FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov.

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

| | | | |
|---|--|---|------------------------------------|
| Firm Name: GeoEngineers, Inc. | | FYE Date: 12/31 | Number of Employees: 426 |
| Address: 17425 NE Union Hill Road, Suite 250 | | | |
| City: Redmond | State: WA | Zip Code: 98052 | County: King |
| Phone: 425.861.6000 | Fax: 425.861.6050 | Company Web Site: www.geoengineers.com | |
| Remit to Address: PO Box 94207 | | | |
| City: Seattle | State: WA | Zip Code: 98124-6507 | County: King |
| Phone: 425.861.6000 | Fax: 425.861.6050 | | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0012678-00 | | Federal Tax ID Number or Social Security Number: 91-6237984 | |
| Unified Business Identifier Number (UBI): 600 375 010 | | Date Universal Numbering System (DUNS) Number: 01-898-2918 | |
| Year Firm Established: 1980 | UDBE/SBE/MSVWBE Certification Number:: N/A | NAICS Code & Code Name: 541330 - Engineering Services | |
| Proposed Project Manager: Andy Caneday | | Email: acaneday@geoengineers.com | |
| Financial Contact: Leslie Thom | | Email: lthom@geoengineers.com | |

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

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FYE Date: Your firm's fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm's certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women's Business Enterprises web site at www.omwbe.wa.gov.

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

Consultant Information Form

| | | | |
|---|---|---|----------------------------------|
| Firm Name: Aimone-Martin Associates, LLC | | FYE Date: 12/31 | Number of Employees: 1 |
| Address: 18 Nature Lane | | | |
| City: Lemitar | State: NM | Zip Code: 87823 | County: Sorocco |
| Phone: 505-980-9949 | Fax: N/A | Company Web Site: aimonemartin.com | |
| Remit to Address: 18 Nature Lane | | | |
| City: Lemitar | State: NM | Zip Code: 87823 | County: Socorro |
| Phone: 505-980-9949 | | Fax: | |
| Statewide Vendor Number (SWV) for Remit to Address: | | Federal Tax ID Number or Social Security Number: 47-3716103 | |
| Unified Business Identifier Number (UBI): | | Date Universal Numbering System (DUNS) Number: 127154883 | |
| Year Firm Established: 1999 | UDBE/SBE/MSVWBE Certification Number:: 20066140 (State of New Mexico) | NAICS Code & Code Name: 541330 | |
| Proposed Project Manager: Dr. Catherine Aimone-Martin | | Email: cathy@aimonemartin.com | |
| Financial Contact: Dr. Catherine Aimone-Martin | | Email: cathy@aimonemartin.com | |

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

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Consultant Information Form

| | | | |
|--|---|---|-----------------------------------|
| Firm Name: Central Geotechnical Services | | FYE Date: 12/31 | Number of Employees: 21 |
| Address: 10240 SW Nimbus Ave, Suite L6 | | | |
| City: Portland | State: OR | Zip Code: 97223 | County: Washington |
| Phone: 503-616-9419 | Fax: | Company Web Site: www.centralgeotech.com | |
| Remit to Address: 10240 SW Nimbus Ave, Suite L6 | | | |
| City: Portland | State: OR | Zip Code: 97223 | County: Washington |
| Phone: 503-616-9419 | Fax: n/a | | |
| Statewide Vendor Number (SWV) for Remit to Address: SWV0306908 | | Federal Tax ID Number or Social Security Number: 47-5452339 | |
| Unified Business Identifier Number (UBI): 604 546 306 | | Date Universal Numbering System (DUNS) Number: 080319451 | |
| Year Firm Established: 2015 | UDBE/SBE/MSVWBE Certification Number:: WA DBE: D700028382 | NAICS Code & Code Name: 541330 - Engineering Services | |
| Proposed Project Manager: Stephen Eagar | | Email: stephen@centralgeotech.com | |
| Financial Contact: Dawn Valeur | | Email: ar@centralgeotech.com | |

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

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Consultant Information Form

| | | | |
|---|--|---|----------------------------------|
| Firm Name: Plateau Geoscience Group LLC | | FYE Date: 12/31/2023 | Number of Employees: 3 |
| Address: POB 1020, 611 NW 5th Avenue | | | |
| City: Battle Ground | State: WA | Zip Code: 98604 | County: Clark |
| Phone: 360-521-2592 | Fax: NA | Company Web Site: plateaugeoscience.com | |
| Remit to Address: POB 1020 | | | |
| City: Battle Ground | State: WA | Zip Code: 98604 | County: Clark |
| Phone: 360-521-2592 | Fax: NA | | |
| Statewide Vendor Number (SWV) for Remit to Address: Pending | | Federal Tax ID Number or Social Security Number: 26-4352043 | |
| Unified Business Identifier Number (UBI): 602 903 023 | | Date Universal Numbering System (DUNS) Number: 012214361 | |
| Year Firm Established: 2009 | UDBE/SBE/MSVWBE Certification Number:: WA D2F0020802 | NAICS Code & Code Name: 541620, 541360 | |
| Proposed Project Manager: Mavis D. Kent | | Email: drmavis@plateaugeoscience.com | |
| Financial Contact: Mavis D. Kent | | Email: drmavis@plateaugeoscience.com | |

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
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 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba's – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm's legal name.

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Consultant Information Form

| | | | |
|---|---|---|----------------------------------|
| Firm Name: Rivero Design | | FYE Date: 12/31 | Number of Employees: 1 |
| Address: 2840 NW Cornell Rd | | | |
| City: Portland | State: OR | Zip Code: 97210 | County: Multnomah |
| Phone: 503-475-2351 | Fax: | Company Web Site: RiveroDesign.com | |
| Remit to Address: Same as above | | | |
| City: | State: | Zip Code: | County: |
| Phone: | Fax: | | |
| Statewide Vendor Number (SWV) for Remit to Address: | | Federal Tax ID Number or Social Security Number: 26-0616909 | |
| Unified Business Identifier Number (UBI): | | Date Universal Numbering System (DUNS) Number: 832275718 | |
| Year Firm Established: 2007 | UDBE/SBE/MSVWBE Certification Number:: WA-D5F0027973, OR-5175 | NAICS Code & Code Name: 541330, 541340, 541611 | |
| Proposed Project Manager: Maria Rivero | | Email: Maria@RiveroDesign.com | |
| Financial Contact: Maria Rivero | | Email: Maria@RiveroDesign.com | |

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
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