STATE OF FLORIDA, UNIVERSITY OF CENTRAL FLORIDA

CMQS FORM

Project Name:			
Firm Name:			
Firm Address:			
Telephone Number:	Email Address:		
FED I.D. NO.:	<u> </u>		
FLA. Corporate Charter No.:			
How many years has your firm been providing construction management services?			
FDPR License No:			

Do you make the following acknowledgments/certifications? If so, sign on the line provided below and have your signature notarized.

- Regarding information furnished by the applicant herewith, and as may be provided subsequently (including information presented at interview, if a finalist):
 - i) All information of a factual nature is certified to be true and accurate.
 - ii) All statements of intent or proposed future action (including the assignment of personnel and the provision of services) are commitments that will be honored by the applicant if awarded the contract.
- b. It is acknowledged that:
 - i) If any information provided by the applicant is found to be, in the opinion of the Selection Committee or the University, substantially unreliable, this application may be rejected.
 - ii) The Selection Committee may reject all applicants and may stop the selection process at any time.
 - iii) The selection of finalists for interview will be made on the basis of information provided herein. The interviewed firms will be ranked based on their total scores earned in response to the interview questions to be provided to the finalists and the results of the reference checks.

	iv	,	than	mittal must be uploaded to Bonfire no later Submittals' received after 5:00pm local time nile (FAX) or late submittals are not onsidered.		
C.	fo	The undersigned certifies that he/she is a principal or officer of the firm applying for consideration and is authorized to make the above acknowledgments and certifications for and on behalf of the applicant.				
d.	. F	Failure to sign this form will result in loss of points (5 pts).				
wi ha	so, deso ill be the ave a pri	cribe the prima incipal	ry participants, and the percent	Yes No ween the participating firms, the offices (location) that interest of each firm. Also, duplicate the signature block and party to the joint venture. Attach a copy of your joint venture		
Sworn to and subscribed to me,		ped to me,	For and on behalf of the Applicant:			
a Notary Public, thisday			day	By:		
of		, _				
				(type name & title)		
			(seal)			