



**APPLICATION FOR REGISTRATION OF CONSULTANTS
TO CENTRAL TENDERS BOARD
GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO**

1.0 GENERAL
1.1 NAMES

1.1.1 FIRM: _____

1.1.2 Discipline/Area of Expertise

Please indicate by marking 'x' in the appropriate box.

Architecture

Engineer

Project Man.

Consortium

Other (state)

1.1.3 Nationality:

1.1.4 Name of Parent Company (if different from 1.1.1):

1.1.5 Nationality of Parent Company (if different from 1.1.3)

1.2 ADDRESSES

1.2.1 Registered Office of Firm:

Telephone No.: _____ Fax No.: _____

Postal Address: _____

1.2.2 Registered Office of Parent Company (if different from 1.2.1):

Telephone No.: _____ Fax No.: _____

Postal Address:

1.3 BRIEF HISTORY

1.3.1 FIRM:

1.3.2 Parent Company (if different from 1.3.1)

1.3.3 Number of Personnel in your organization:

Past 0 – 5 years	Past 5 – 10 years
(i) Maximum Number _____	(i) _____
(ii) Year of Maximum _____	(ii) _____
(iii) Normal Strength _____	(iii) _____

2.0 LEGAL ENTITY

Is the firm incorporated or registered under the Companies Ordinance of Trinidad and Tobago?

Yes ()

No ()

If yes, attach a copy of Certificate of Incorporation under the Companies Ordinance and Registration under the registration of Business Act as the case may be.

If no, please state type of organization.

(a) joint venture agreement? Yes () No ()

(b) joint venture partnership? Yes () No ()

(c) joint venture company? Yes () No ()

(d) sole partnership? Yes () No ()

(e) partnership? Yes () No ()

(f) limited company? Yes () No ()

(g) unlimited company? Yes () No ()

(h) other- specific: _____

Please state date of Agreement: _____

Attach a copy of Agreement.

3.0 LEGAL/FINANCIAL

3.1 Has the firm or any constituent part ever been liable for failing to comply with the fulfillment of a contract?

Yes () No ()

If yes, give brief explanation:

3.2 List any legal or financial claims pending for or against the firm:

Claims for:

1) _____

2) _____

3) _____

4) _____

Claims against:

1) _____

2) _____

3) _____

4) _____

3.3 List of jobs you are undertaking at the moment:

4.0 PRINCIPALS/KEY PERSONNEL

4.1 Names of Directors:

4.1.1 FIRM

Name _____

Address _____

Nationality _____ Qualification _____

Name _____

Address _____

Nationality _____ Qualification _____

Name _____

Address _____

Nationality _____ Qualification _____

Name _____

Address _____

Nationality _____ Qualification _____

(Please attach Curriculum Vitae)

4.1.2 Parent Company (if different from 4.1.1)

Name _____

Address _____

Nationality _____ Qualification _____

Name _____

Address _____

Nationality _____ Qualification _____

Name _____

Address _____

Nationality _____ Qualification _____

Name _____

Address _____

Nationality _____ Qualification _____

(Please attach Curriculum Vitae)

4.2. Composition of Qualified Personnel

4.2.1 FIRMS

Name _____ Nationality _____

Profession _____

Qualification _____

Name _____ Nationality _____

Profession _____

Qualification _____

Name _____ Nationality _____

Profession _____

Qualification _____

Name _____ Nationality _____

Profession _____

Qualification _____

(Please attach Curriculum Vitae)

4.2.2 Parent Company

Name _____ Nationality _____

Profession _____

Qualification _____

Name _____ Nationality _____

Profession _____

Qualification _____

Name _____ Nationality _____

Profession _____

Qualification _____

Name _____ Nationality _____

Profession _____

Qualification _____

(Please attached Curriculum Vitae)

Managers (Heads of Section)

4.2.3 FIRMS

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

(Please attach Curriculum Vitae)

4.2.4 Parent Company

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

Name _____ Nationality _____

Profession/Qualification _____

Areas of Responsibility _____

(Please attach Curriculum Vitae)

4.3 Other Key Personnel Employed with Firm

4.3.1 FIRM

Profession	Number	Profession/ Qualification	Length of time employed in the Firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(Please attach Curriculum Vitae)			

4.3.2 Parent Company (if different from 4.3.1)

Profession	Number	Profession/ Qualification	Length of time employed in the Firm
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(Please attach Curriculum Vitae)			

5.0 OFFICE EQUIPMENT

Office equipment, which you think, enhances your work output.

<u>DESCRIPTION OF EQUIPMENT</u>	<u>QTY</u>	<u>OWNED</u>	<u>LEASED</u>	<u>RENTAL</u>
_____	_____	[]	[]	[]
_____	_____	[]	[]	[]

_____	_____	[]	[]	[]
_____	_____	[]	[]	[]
_____	_____	[]	[]	[]
_____	_____	[]	[]	[]

6.0 ASSOCIATE FIRMS

Name of other supporting firms which you normally employ to provide additional services for your clients.

- (i) Architecture []
- (ii) Civil Engineering []
- (iii) Electrical Engineering []
- (iv) Mechanical Engineering []
- (v) Quantity Surveying []
- (vi) Hydraulic Marine Engineering
(River, Coastal Harbour) []
- (vii) Structural Engineering []
- (viii) Management/Project Management []
- (ix) Accounting/Financial Auditing []
- (x) Computer []
- (xi) Land Surveying []
- (xii) Other []

7.0 PERSONAL HISTORY/STATEMENT OF PRINCIPALS AND ASSOCIATES
WITHIN YOUR FIRM:

7.1 Name of Consultant (Firm)

(i) Name _____

(ii) Citizenship _____

(iii) Date of Birth _____

(iv) Years of Experience:

(a) As Principal in this Firm _____

(b) As Principal in Other Firms _____

(c) Other than Principal _____

(v) Education (College, Degree, Year, Specification):

(vi) Membership in Professional Organizations:

(vii) Registration (if any) Type, Year, Country):

(viii) Fields of Special Competence:

9.0 OTHER PERTINENT INFORMATION

9.1 Name of Firm/Consultant

10.0 CERTIFICATE

I certify that the information supplied in this questionnaire is correct. I further acknowledge the right to the Central Tenders Board to disqualify this firm if it is found at any state that the information supplied, in whole or in part, is incorrect.

.....
NAME OF MANAGING DIRECTOR

.....
SIGNATURE

.....
NAME OF COMPANY SECRETARY
OF FIRM (**Please Print**)

.....
SIGNATURE

DATE