

T4 SUBCONTRACTOR QUALIFICATION APPLICATION

PTSI Managed Services Inc. (Parsons) is an engineering and construction firm headquartered in Centerville, Virginia. Parsons has been awarded the Technical Support Services Contract (T4) by the Federal Aviation Administration (FAA), Prime Contract No. DTFAWA-12-C-00064, and is continually collecting information on subcontractors interested in supporting the T4 contract.

The information provided in this application will be used in determining whether your firm will be included in Parsons' list of qualified subcontractors for proposing on future projects under the T4 program. Parsons' policy is to procure products and services from sources that offer the best value to satisfy the FAA's mission needs, and to provide reasonable access to competition to firms interested in obtaining contracts with Parsons. This application is the first step in a screening process that is intended to obtain overall best value to the FAA on projects under the T4 program. This application will be evaluated based on your company's experience, safety record, financial capacity, and overall capabilities. Interviews may be conducted either by telephone or by questionnaire from the list of projects and other contacts provided in this application. Information obtained from sources other than those identified in this application may also be contacted.

Please ensure that the information provided in this application is complete and correct. If a question is not applicable, indicate accordingly rather than not responding. Failure to provide complete responses to all questions, or applicable attachments, may result in your firm's application not being accepted. Please fill out and return this cover sheet with your application.

STATEMENT OF COMPLETENESS AND AUTHORIZATION TO RELEASE INFORMATION

By submitting this application, I certify that the facts contained herein are true and complete to the best of my knowledge and belief. I understand that, if given the opportunity to propose on a project or if awarded a subcontract, falsified statements on this application shall be grounds for disqualification or subcontract termination. I understand that the information provided herein may be verified. I hereby authorize Parsons to contact references noted or associated with the information provided herein for the purpose of verifying my qualifications to provide services to Parsons under the FAA's T4 Program. I hereby release Parsons, FAA, the T4 organization, and others from liability or damage that may result from furnishing the information requested.

Signature

Printed Name and Title

Applicant/Firm Name

Date

Part A – Company Information

All companies providing services to the FAA are required to be registered in the System for Award Management (SAM) through the SAM.gov website. Please complete each line, if an item does not apply mark "N/A".

Legal Business Name:

Trade Name (doing business as):

Main Office Branch Office Address Line 1:

Website: Address Line 2:

City: State: Zip:

Phone: Fax: Email:

Contact Name & Title:

Year Established: DUNS: Avg. Employees:

Legal Structure: Avg. Annual Gross Revenue:

Business Classification Key: L = Large Business, S = Small Business, SDB = Small Disadvantaged Business, WOSB = Women-Owned Small Business, V = Veteran-Owned Business, SDVOSB = Service-Disabled Veteran-Owned Small Business, N = Native-Owned Small Business, 8(a) = Socially and Economically Disadvantaged Individuals

NAICS Code(s): Classification: Labor Affiliations (Union): Local No.: Agreement Expiration:

Non-Union Affiliation:

SBA 8(a) Certified: Yes No Case No.: Entrance Date:

HUB Zone Certified: Yes No If Yes, Certification Date:

DBE Certification: Non-Federal Certificates:

GSA Contracts:

Licensing: Indicate state(s) in which work may be performed, add attachment if necessary.

State: License Type: License No.:

Does your company provide services outside your home office state? Yes No

If yes, indicate region(s) services are provided: Southwest Northwest Midwest Southeast Northeast

Other state(s): _____

Safety Information

Yes No Has your company been inspected by OSHA and/or received any OSHA citations in the last (3) years?

If yes, please provide an attachment describing the outcome of the inspection along with copies of citations received, along with the actions taken to abate the citations. Respond to any open citations shown on the OSHA website www.OSHA.gov.

OSHA 200 and 300 Logs: Attach a copy of your company's certified OSHA Logs.

Complete this table for the past 3 years.	2018	2019	2020
Number of lost/restricted workday cases			
Number of recordable cases without restricted activity or lost workdays	+		
Number of fatalities	+		
Total Recordable Injuries	=		

	Year	Hours
Total employee hours worked in the past 3 years. Do not include any non-work time, even though paid.		

Records: Indicate which records are kept and how often they are recorded.

Type:	Recorded:	Frequency:
Accidents totaled for the entire company:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Accidents totaled by project:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Subtotalled by Superintendent:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Subtotalled by Foreman:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Safety Management: Identify the individual responsible for your company's Safety Program and attach resume.

Phone:

Email:

Contact Name & Title:

Part C – Questionnaires

Quality Questionnaire

- 1 Is your company certified to Industry recognized Quality Assurance Requirements?
(e.g. ISO 9001, NQA-1, or ASME Boiler and Pressure Code) Yes No
If yes, type and date of certification: _____
Certifying Authority: _____
-
- 2 Has your company worked with Parsons before? Yes No
If yes, specify project: _____
Parsons point of contact for last project: _____
-
- 3 Does your company's Quality Program include a documented, multi-phase inspection program? Yes No
If not, will your company comply with Parsons four-phase inspection program? Yes No
-
- 4 Does your company have a Quality Management System comprised of plans and procedures that describe all company activities? Yes No
If not, will your company comply with Parsons Quality Management System? Yes No
-
- 5 Is there a system for pre-qualifying suppliers and subcontractors? Yes No
-
- 6 Are all applicable requirements from the prime contract flowed-down to the lower tier suppliers or subcontractors? Yes No
-
- 7 Is receipt inspection of material and items performed? Yes No
-
- 8 Is in-process inspection performed? Yes No
-
- 9 Is there a formal documented calibration system in place? Yes No
-
- 10 Are tests performed using company approved procedures? Yes No
-
- 11 Does your company have a system to identify non-conforming items and prevent them from further processing until the non-conforming condition is corrected and its disposition verified? Yes No
-

Please provide any additional information that may be of use in determining the adequacy of your company's Quality Management: _____

Management Representative for Quality reports to: _____

Number of full-time Quality professionals in your company: _____

Safety and Environmental Questionnaire

-
- 1 Does your company have a written safety program? Yes No
 If yes, provide a copy of the Table of Contents and policy statement.
-
- 2 Does your company require the use of site-specific safety plans? Yes No
-
- 3 Does your company's require subcontractors to submit safety plans? Yes No
-
- 4 Does your company have an orientation for new hires? Yes No
 If yes, does it include subcontractors? Yes No
-
- 5 Does your company's workers compensation carrier provide site audits on a regular basis? Yes No
-
- 6 Does your company have a written drug/substance abuse policy? Yes No
 If yes, please select: Pre-Employment Post Accident Reasonable Suspicion Random
-
- 7 By submitting this application, does your company certify that all employees and subcontractors will be drug and alcohol free when working on Parsons projects? Yes No
-
- 8 Does your company hold documented site safety meetings? Yes No
 If yes, select frequency: Daily Weekly Monthly
-
- 9 Does your company conduct and document safety inspections? Yes No
 If yes, select frequency: Daily Weekly Monthly
-
- 10 Does your company use activity hazard analysis (AHA's), job safety analysis (JSA's), or job hazard analysis (JHA's) to identify and mitigate or eliminate hazards prior to performing high risk or non-routine activities? Yes No
-
- 11 Are all incidents investigated to determine root causes and corrective actions? Yes No
 Injuries Equipment/Property Damage Environmental Near Misses
-
- 12 Do you have a written environmental policy, program, and personnel assigned to an environmental leadership role(s) in your company? Yes No
-
- 13 Is your company ISO 14001 certified or are you compliant with this standard? If so, attach certificates or a copy of your manual's Table of Contents. Yes No
-
- 14 Do you have any notice of violations (NOV's), incidents, or releases causing environmental damage? If so, attach a description of each. Yes No
-
- 15 Do you have a standard policy, guidance document, or manual on environmental issues? Yes No
-

Are your employees involved with any of the following activities? If yes, check all that apply. Yes No

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Electrical | <input type="checkbox"/> Scaffold | <input type="checkbox"/> Lead Abatement |
| <input type="checkbox"/> Surveying | <input type="checkbox"/> Confined Space | <input type="checkbox"/> Hazardous Material | <input type="checkbox"/> Mold Remediation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Excavation/Trenching | <input type="checkbox"/> Crane Lifts | <input type="checkbox"/> Heavy Equipment |
-

Contracts Questionnaire

1	Has your company performed on a contract, or been employed on the grounds of, an active airport? If yes, include name(s) and location(s) of airports in your experience attachment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do any of your company's employees have a security clearance with the FAA or any airport? If yes, provide location(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Has your company ever failed to complete any work awarded to you? If yes, include an attachment indicating when, where, and why, explaining the circumstances causing the failure. Provide the name of the contract owner, contract number, project description, and agency, along with a point of contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Has any officer or partner of your company ever been an officer of another firm that failed to complete a contract(s)? If yes, include an attachment providing the name of the organization, contract number, description of project with explanation of circumstances causing the failure. Include the agency name, if a government contract, and a point of contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Are there any judgements, claims, arbitration or other outstanding litigation pending against your company or its officers, including any pending or outstanding actions based on contracts with the government? If yes, provide specifics of the pending action, including the government agency contract number, and a point of contact.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Has your company had any liens filed against it by any of its subcontractors or suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	In the past five years, has your company or any of its officers, affiliates or subsidiaries owned or operated by any principal owner been the subject of any of the following actions:	
	Been suspended, debarred, disqualified, had its pre-qualification revoked, or otherwise been declared ineligible to bid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Defaulted on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Had a contract terminated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been given an unsatisfactory performance determination or deemed a poor performer by letter or formal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been prevented or barred from bidding for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been investigated by the Department of Labor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cited for non-payment of proper wages or fringe benefits to any employee(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been convicted of violating any law or matter arising from or related to any law, ordinance, administrative action, regulation, or criminal statute (excluding civil traffic violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Been involved in a bankruptcy or reorganization preceding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Received any judgments, suits, or liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part D – References

Suppliers or Subcontractors used for major items or specific types of work

Company Name:

Address:

Contact Name:

Phone:

Items Supplied

Suppliers or Subcontractors used for major items or specific types of work

Company Name:

Address:

Contact Name:

Phone:

Items Supplied

Credit Reference

Company Name:

Address:

Contact Name:

Phone:

Credit Reference

Company Name:

Address:

Contact Name:

Phone:

Bank Reference

Bank Name:

Address:

Contact Name:

Phone:

Federal Government Reference

Agency Name:

Address:

Contact Name:

Phone: