



MISSOURI DEPARTMENT OF AGRICULTURE
 DIVISION OF WEIGHTS, MEASURES AND CONSUMER PROTECTION
 LAND SURVEY PROGRAM
SURVEYOR CONTRACT QUALIFICATION QUESTIONNAIRE

ORGANIZATION		
FIRM NAME		YEAR ESTABLISHED
TYPE OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____		
FIRM WEB ADDRESS		MAIN CONTACT EMAIL ADDRESS
FORMER FIRM NAME(S) (IF ANY)		
HOME OFFICE STREET ADDRESS	HOME OFFICE CITY, STATE, ZIP	HOME OFFICE PHONE NUMBER
BRANCH OFFICE STREET ADDRESS / PERSON IN CHARGE	BRANCH OFFICE CITY, STATE, ZIP	BRANCH OFFICE PHONE NUMBER
BRANCH OFFICE STREET ADDRESS / PERSON IN CHARGE	BRANCH OFFICE CITY, STATE, ZIP	BRANCH OFFICE PHONE NUMBER
BRANCH OFFICE STREET ADDRESS / PERSON IN CHARGE	BRANCH OFFICE CITY, STATE, ZIP	BRANCH OFFICE PHONE NUMBER
BRANCH OFFICE STREET ADDRESS / PERSON IN CHARGE	BRANCH OFFICE CITY, STATE, ZIP	BRANCH OFFICE PHONE NUMBER
NAMES OF PRINCIPALS OF FIRM		
NAMES OF ASSOCIATE MEMBERS		
KEY PERSONNEL OF FIRM (NAMES AND TITLES OR DUTY DESIGNATIONS)		
NUMBER OF PERSONNEL IN YOUR PRESENT ORGANIZATION	NUMBER OF PERSONNEL WHO ARE REGISTERED PROFESSIONAL LAND SURVEYORS	NUMBER OF EXPERIENCED PARTY CHIEFS
NUMBER OF PERSONNEL ENGAGED IN SURVEYING FIELD WORK	NUMBER OF PERSONNEL ENGAGED IN SURVEYING OFFICE WORK	NUMBER OF PERSONNEL IN ORGANIZATION DURING THE LAST FIVE YEARS
MAXIMUM NUMBER OF PERSONNEL AND WHAT YEAR		AVERAGE NUMBER OF PERSONNEL
MO 350-1567 (8-16)		INITIALS OF CERTIFYING OFFICER

FIRM NAME/BRANCH

PERSONAL HISTORY STATEMENT

Supply personal history statement of all principals and associates within your firm. Furnish complete data, but keep to essentials. Add subsequent pages as needed. Cross out spaces not used. Initial all pages.

NAME (LAST, FIRST, MIDDLE INITIAL)	REGISTERED IN STATE OF MISSOURI <input type="checkbox"/> LS NUMBER _____
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)	TOTAL YEARS OF SURVEYING EXPERIENCE
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS	YEARS OF EXPERIENCE AS PRINCIPAL IN THIS FIRM
REGISTRATION (TYPE, YEAR, STATE)	YEARS OF EXPERIENCE AS PRINCIPAL IN OTHER FIRMS
	YEARS OF EXPERIENCE - OTHER THAN PRINCIPAL

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	YEARS OF EXPERIENCE - OTHER THAN PRINCIPAL

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EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)	TOTAL YEARS OF SURVEYING EXPERIENCE
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS	YEARS OF EXPERIENCE AS PRINCIPAL IN THIS FIRM
REGISTRATION (TYPE, YEAR, STATE)	YEARS OF EXPERIENCE AS PRINCIPAL IN OTHER FIRMS
	YEARS OF EXPERIENCE - OTHER THAN PRINCIPAL

FIRM NAME/BRANCH

EXPERIENCE/WORK HISTORY

Please rank your firm's average work experience during the past two years. Example: if the majority of your work consisted of subdivision layouts, place a number 1 under "Subdivision" and if the next in order of workload was performing spot checks, place a number 2 under "Real Property Reports." Fill in at least five spaces to give us a good estimate of your experience.

CADASTRAL	CONSTRUCTION LAYOUT	GEODETTIC	LAND BOUNDARIES (URBAN)	LAND BOUNDARIES (RURAL)
PHOTOGRAMMETRIC	REAL PROPERTY REPORTS	TOPOGRAPHIC SURVEYS	SUBDIVISION	OTHER (DESCRIBE)

COMPLIANCE

Are your surveys in compliance with the following Codified State Regulations?

	Yes	No
10 CSR 30-2 Minimum Standards for Property Boundary Surveys	<input type="checkbox"/>	<input type="checkbox"/>
10 CSR 30-3 Maintenance of the Original U.S. Public Land Survey Corners	<input type="checkbox"/>	<input type="checkbox"/>
10 CSR 30-4 Classification, Standards of Accuracy and Specifications for Geodetic Control Surveys	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE

List up to five of the larger surveying projects your firm has performed during the last three years. For each project include the location of the project, name of the client, approximate date of completion, along with a general description and scope of the project.

PROJECT 1

PROJECT 2

PROJECT 3

PROJECT 4

PROJECT 5

FIRM NAME/BRANCH

EQUIPMENT

List the specialized field and office equipment in your firm.

FIELD EQUIPMENT

OFFICE EQUIPMENT

INSURANCE

List details for all company insurance coverage by providing name of insurance company, policy number, limits, and renewal date of each. Include in the listing Workmen's Compensation Insurance, public liability insurance, professional insurance and company vehicle insurance.

TYPE	NAME/ADDRESS OF INSURANCE COMPANY
POLICY NUMBER	
LIMITS	
RENEWAL DATE	
TYPE	NAME/ADDRESS OF INSURANCE COMPANY
POLICY NUMBER	
LIMITS	
RENEWAL DATE	

CERTIFICATE

I certify that the statements made on the pages of this questionnaire and initialed by me are true and correct to the best of my knowledge as of this date.

NAME AND TITLE	SIGNATURE	DATE
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MAIL COMPLETED COPY TO: MISSOURI DEPARTMENT OF AGRICULTURE
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