

DGS-30-004 (Rev 02/01)	ARCHITECTURAL/ENGINEERING FIRM DATA	RFP # 501213
CONSULTANT / OTHER OFFICE		

Submitted By (Firm Name): **ROOF CONSULTING SERVICES, INC**

Submittal For (Project Title): **Architectural/Engineering Services for Roofing, Waterproofing and Insulation** PC# **N/A**

1) FIRM NAME AND ADDRESS: (Office where work will be done)
Roof Consulting Services, Inc.
1660 Mountain Road
Glen Allen, VA 23060

 TELEPHONE: **(804) 515-0885** FAX: **(804) 515-0890**

 FEIN / SSN: **54-2026810**

2) YEARS IN BUSINESS:
 a) Under present name:..... **6 Years**
 b) List other names and years
Roofing Consultants of VA, Inc.....21 Years

3) NAMES OF PARENT COMPANIES: (If any) or MAIN OFFICE:

Same as Above

 TELEPHONE: _____ FAX: _____

4) SPECIFY TYPE OF OWNERSHIP:
 Sole Proprietor MBE
 Partnership SBE
 Professional Corporation WBE
 Corporation

 Firm's APELSLA License #: **N/A**

5) NAMES OF NOT MORE THAN TWO PRINCIPALS TO CONTACT: (Title and Phone Number)
 1) **John R. Taggart, CEO** phone **(804) 515-0885 / fax (804) 515-0890 / cell (804) 405-5861**
 2) **William D. Sanders, VP** phone **(804) 515-0885 / fax (804) 515-0890 / cell (804) 405-5860**

6) NUMBER OF PERSONNEL IN FIRM AT (1) ABOVE BY DISCIPLINE: (List each person only once)

	<u>Licensed</u>	<u>Unlicensed</u>	<u>Draft</u>	<u>Field</u>	<u>Additional Personnel</u>
Project Managers	_____	2	_____	_____	Clerical - 2
Architects	_____	_____	_____	_____	Certified Accountant - 1
Civil Engineers	_____	_____	_____	_____	
Structural Engineers	_____	_____	_____	_____	
Mechanical Engineers	_____	_____	_____	_____	
Electrical Engineers	_____	_____	_____	_____	
Soils Engineers	_____	_____	_____	_____	
Landscape Architects	_____	_____	_____	_____	
Interior Designers	_____	_____	_____	_____	
Asbestos Designers	_____	_____	_____	_____	
Surveyors	_____	_____	_____	_____	
Construction Admin / Insp.	_____	17	_____	_____	
CADD Operators	_____	5	_____	_____	
Specifications	_____	3	_____	_____	
TOTALS	_____	27	_____	_____	

7) FUNCTIONS OR SERVICES TO BE PROVIDED
Roof Consulting, Inspection, Testing and Design Services


8) HAS SOMEONE IN FIRM ATTENDED THE BCOM CONSTRUCTION & PROFESSIONAL SERVICES MANUAL SEMINAR? YES NO
 NAME(S): _____

9) HOW MANY PROJECTS HAS THE CONSULTANT WORKED WITH THE PROPOSER IN THE LAST FIVE YEARS?..... **23**

10) LIMITS OF PROFESSIONAL LIABILITY INSURANCE & DEDUCTIBLE.....**\$1,000,000 (Limit) / \$10,000 (Deductible)**

The foregoing is a statement of fact.

Typed name and title: **William D. Sanders**
Senior Vice President

Signature: 
 Date: **November 5, 2007**