



STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION

**NOTICE OF CONSULTANT PREQUALIFICATION**

**FIRM:** BECKER & FRONDORF  
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PHILADELPHIA, PA 19102

INITIAL       REVISED       RENEWAL

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MBE       WBE       SBE

The Experience Questionnaire (FORM 48A), submitted by your firm, has been reviewed. As a result of this review, your firm may be invited to submit proposals for projects involving the checked discipline(s) having a not to exceed Construction Cost Estimate (CCE) as noted. For the purposes of this form, NA = no fixed amount.

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| <ul style="list-style-type: none"> <li><input type="checkbox"/> ARCHITECTURE _____</li> <li><input type="checkbox"/> ELECTRICAL ENGINEERING _____</li> <li><input type="checkbox"/> HVAC ENGINEERING _____</li> <li><input type="checkbox"/> PLUMBING ENGINEERING _____</li> <li><input type="checkbox"/> CIVIL ENGINEERING _____</li> <li><input type="checkbox"/> SANITARY ENGINEERING _____</li> <li><input type="checkbox"/> STRUCTURAL ENGINEERING _____</li> <li><input type="checkbox"/> MECH. ENG. (ELEV., CONVEYORS, ETC.) _____</li> <li><input type="checkbox"/> SOILS ENGINEERING _____</li> <li><input type="checkbox"/> FIRE PROTECTION ENGINEERING _____</li> <li><input type="checkbox"/> ENVIRONMENTAL ENGINEERING _____</li> <li><input type="checkbox"/> MARINE ENGINEERING _____</li> <li><input type="checkbox"/> LANDSCAPE DESIGN _____</li> <li><input type="checkbox"/> PLANNING _____</li> <li><input type="checkbox"/> LAND SURVEYING _____</li> <li><input type="checkbox"/> AERIAL SURVEYING _____</li> <li><input type="checkbox"/> HYDROGRAPHIC SURVEYING _____</li> <li><input type="checkbox"/> FIRE &amp; LIFE SAFETY RENOVATIONS _____</li> <li><input type="checkbox"/> BUILDING COMMISSIONING _____</li> <li><input type="checkbox"/> BOILER/STEAM LINES/HIGH PRESSURE SYS. _____</li> <li><input type="checkbox"/> DAM/LEVEE DESIGN _____</li> <li><input type="checkbox"/> BARRIER FREE/ADA DESIGN _____</li> <li><input checked="" type="checkbox"/> ESTIMATING/COST ANALYSIS      NA</li> <li><input type="checkbox"/> INTERIOR DESIGN/SPACE PLANNING _____</li> <li><input type="checkbox"/> ROOFING INSPECTION _____</li> <li><input type="checkbox"/> CONSTRUCTION MANAGEMENT _____</li> <li><input type="checkbox"/> CPM _____</li> <li><input type="checkbox"/> ARCHAEOLOGY _____</li> <li><input type="checkbox"/> GEOLOGY _____</li> <li><input checked="" type="checkbox"/> VALUE ENGINEERING      NA</li> <li><input type="checkbox"/> HISTORIC PRESERVATION/RESTORATION _____</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> ROOFING CONSULTANT _____</li> <li><input type="checkbox"/> ACOUSTICS _____</li> <li><input type="checkbox"/> ASBESTOS DESIGN _____</li> <li><input type="checkbox"/> ASBESTOS SAFETY MONITORING _____</li> <li><input type="checkbox"/> CLAIMS ANALYSIS _____</li> <li><input type="checkbox"/> TELECOMMUNICATIONS _____</li> <li><input type="checkbox"/> EXHIBIT/INTERPRETATIVE DESIGN _____</li> <li><input type="checkbox"/> FEASIBILITY PLANNING _____</li> <li><input type="checkbox"/> FIRE DETECTION SYSTEMS _____</li> <li><input type="checkbox"/> FIRE PROTECTION SYSTEMS _____</li> <li><input type="checkbox"/> FOOD SERVICE _____</li> <li><input type="checkbox"/> HYDRAULICS/PNEUMATICS _____</li> <li><input type="checkbox"/> HYDROLOGY _____</li> <li><input type="checkbox"/> SECURITY SYSTEMS _____</li> <li><input type="checkbox"/> SITE PLANNING _____</li> <li><input type="checkbox"/> HISTORIC PRESERVATION CONSULTANT _____</li> <li><input type="checkbox"/> ENERGY AUDITING _____</li> <li><input type="checkbox"/> TRAFFIC _____</li> <li><input type="checkbox"/> TRANSPORTATION _____</li> <li><input type="checkbox"/> WASTE/WATER TREATMENT _____</li> <li><input type="checkbox"/> ENERGY MANAGEMENT CONTROL SYSTEM _____</li> <li><input type="checkbox"/> RENEWAL ENERGY CONSULTANT _____</li> <li><input type="checkbox"/> CONSTRUCTION FIELD INSPECTION _____</li> <li><input type="checkbox"/> PROJECT MANAGEMENT _____</li> <li><input type="checkbox"/> ENVIRONMENTAL CONSULTANT _____</li> <li><input type="checkbox"/> STORAGE TANK REMOVAL _____</li> <li><input type="checkbox"/> STORAGE TANK INSTALLATION _____</li> <li><input type="checkbox"/> PERIMETER SECURITY FENCING _____</li> <li><input type="checkbox"/> INDOOR AIR QUALITY TESTING _____</li> <li><input type="checkbox"/> LANDFILL CLOSURE _____</li> <li><input type="checkbox"/> LEAD PAINT EVALUATION _____</li> </ul> |
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**PREPARED BY:**

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DEPUTY DIRECTOR

**NOTE: THIS IS AN ORIGINAL DOCUMENT. IT MAY BE REQUIRED AS PROOF OF YOUR PREQUALIFICATION STATUS. PLEASE RETAIN THIS FORM FOR YOUR RECORDS.**