

**Request for Qualifications
November 2008**

Delta Airport Consultants, Inc. invites interested professional services firms to submit Statements of Qualifications for future airport-related planning and development projects. Qualified firms will be considered for teaming and sub-consulting opportunities throughout the year.

Firms should have capabilities in one or more of the following areas:

- Airport planning
- Aviation forecasting
- Economic analyses
- Air service development studies
- Financial/business planning
- Environmental services such as:
 - Air quality analysis/modeling
 - Noise analysis/modeling
 - Archeological/natural/cultural resource analyses
 - Wetlands-related services
 - Wildlife management planning services
- Land Acquisition services
- Surveying/mapping
- Pavement investigations/analyses
- Geotechnical investigations/design
- Construction materials testing
- Civil/utilities design
- Mechanical/electrical/plumbing design
- Structural design
- Architecture
- Navigational aid design

DBE/MBE/WBE firms are strongly encouraged to respond.

Statements of Qualifications package should include:

- Completed attached form available for download at www.deltaairport.com
- Proof of current DBE certification
- Brief summary of:
 - history and size of firm
 - geographical location(s) and region(s) served
 - area(s) of specialization
 - airport-related experience

Interested firms should submit the package by **December 31, 2008** to: rfp@deltaairport.com

Electronic submissions preferred.

Any questions should be directed to:

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Marketing Coordinator
Delta Airport Consultants, Inc.
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Richmond, Virginia 23236
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Firms will be selected on a rolling, project-by-project basis throughout the year. Selected firms will be contacted only during the proposal phase of each individual project.

Delta Airport Consultants, Inc.
2008 Annual Request for Qualifications
Respondent Form

1. Firm Information

Firm Name: _____

Contact Person/Title: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

2. Specialty - Indicate which services you offer by checking the appropriate boxes below:

- | | |
|---|--|
| <input type="checkbox"/> Airport Planning | <input type="checkbox"/> Pavement Investigations/Analyses |
| <input type="checkbox"/> Aviation Forecasting | <input type="checkbox"/> Geotechnical Investigations/Design |
| <input type="checkbox"/> Economic Analysis | <input type="checkbox"/> Construction Materials Testing |
| <input type="checkbox"/> Air Service Development Studies | <input type="checkbox"/> Mechanical/Electrical/Plumbing Design |
| <input type="checkbox"/> Financial/Business Planning | <input type="checkbox"/> Civil/Utilities Design |
| <input type="checkbox"/> Environmental Services | <input type="checkbox"/> Structural Design |
| <input type="checkbox"/> Air Quality Analysis/Modeling | <input type="checkbox"/> Architecture |
| <input type="checkbox"/> Noise Analysis/Modeling | <input type="checkbox"/> Navigational Aid Design |
| <input type="checkbox"/> Archeological/Natural/Cultural Resource Analysis | <input type="checkbox"/> Land Acquisition Services |
| <input type="checkbox"/> Wetlands Related Services | <input type="checkbox"/> Surveying/ Mapping |
| <input type="checkbox"/> Wildlife Management Planning Services | <input type="checkbox"/> Other: _____ |

3. Regions where you provide service:

- States: _____
- | | |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Northeast | <input type="checkbox"/> South |
| <input type="checkbox"/> East | <input type="checkbox"/> Great Lakes |
| <input type="checkbox"/> Central | <input type="checkbox"/> Northwest |
| <input type="checkbox"/> Southwest | <input type="checkbox"/> West |

4. Are you a DBE qualified firm? Yes No

Certifying Agency: _____

Date of Certification: _____ Valid Through: _____

Certifying Agency: _____

Date of Certification: _____ Valid Through: _____

Certifying Agency: _____

Date of Certification: _____ Valid Through: _____

Certifying Agency: _____

Date of Certification: _____ Valid Through: _____