

## STATEMENT OF QUALIFICATIONS FOR APPRAISAL & BROKERAGE SERVICES AND EXPRESSION OF INTEREST

Send completed, signed form to the DEPARTMENT OF THE ATTORNEY GENERAL, Civil Recoveries Division – AF,

425 Queen Street, Honolulu, HI 96813. Completed forms may be sent by mail or hand-delivered.

*This form can be printed and filled out by hand, or filled electronically and saved—place cursor in each gray box to type.*

COMPANY NAME OR INDIVIDUAL:  MAILING ADDRESS:	TYPE OF ORGANIZATION (check one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture  <input type="checkbox"/> Other (specify type):	
# OF YEARS OF CONDUCTING REAL ESTATE APPRAISALS IN HAWAII:	FEDERAL ID NUMBER:	GE TAX ID:
# OF YEARS AS A REAL ESTATE BROKER IN HAWAII:	FEDERAL ID NUMBER:	GE TAX ID:
CONTACT INFORMATION: Office phone number: Fax number: E-mail address:		
PROPOSED COMPENSATION RATES: A. Applicant's  B. Company's (If applicable) 1. Partners / Principals  2. Associates  C. Provide a list of charges for various services.  D. Would you consider a fixed fee contract?    No                      Yes  E. Provide a list of previous appraisal work for the State of Hawaii, include the dates of the contracts, for the past two years.	F. Provide a detailed list of previous appraisal work representing the areas of appraisals in which you consider yourself to be proficient and for which you wish to be considered.          G. Provide a detailed list of previous brokerage work representing the types of brokerages in which you consider yourself to be proficient and for which you wish to be considered.	

## SUMMARY OF SPECIALTY AREAS

- A.** On an **attached statement**, provide a brief sample list of past assignments in relevant specialty areas to demonstrate experience, identifying for each:
- 1) Date of assignment
  - 2) Subject property
  - 3) Nature of the assignment (appraisal, consulting, market study, etc.)
  - 4) Please provide a minimum of either two client letters of reference or two client contact names and phone numbers for each appraisal experience and brokerage experience, for a total of four letters of reference and/or client contact names and numbers.

In addition, please include a summary of your past performance on appraisals and brokerages in relevant specialty areas, including notes about **corrective actions** and responses to any notices of deficiencies, if any, regarding specific projects or problems, and capacity to accomplish the work in the required time in at least the last five years. References may be used to verify past performance on timeliness, ability to address corrective actions when needed, ability to work effectively and efficiently with clients, and general quality of work.

**B.** Complete items 1-3 below to summarize specialty areas of expertise.

1. Please indicate the number of properties for which you have provided appraisal services within at least the last TWO years in the following categories:

Residential       Commercial       Industrial       Telecommunications (cell tower) leases  
 Agriculture/Pasture       Conservation       Resort/Hotel       Other

2. Please indicate the number of jobs for which you have provided appraisal services within at least the last TWO years in the following categories:

Fee valuations       Leased fee valuations       Leasehold valuations       Ground rent reopenings  
 Easements       Remnants       Arbitration services

3. Please indicate the number of properties for which you have provided brokerage services within at least the last TWO years in the following categories:

Residential       Commercial       Industrial       Telecommunications (cell tower) leases  
 Agriculture/Pasture       Conservation       Resort/Hotel       Other

4. Do any of your company personnel hold certification for Federal Yellow Book Standards?  Yes If so, how many?   No

### ERRORS AND OMISSIONS INSURANCE

DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No		AMOUNT OF COVERAGE PER CLAIM	AMOUNT OF DEDUCTIBLE
IF YES, NAME OF INSURANCE COMPANY:	CHECK HERE IF ATTACHED: <input type="checkbox"/> CERTIFICATE OF INSURANCE	\$	\$

### CERTIFICATION OF STATEMENT OF QUALIFICATIONS FORM CONTENTS

I certify that the foregoing is a true statement of facts, as of the following date: \_\_\_\_\_

PRINT NAME OF RESPONSIBLE PERSON:	PRINT TITLE OF RESPONSIBLE PERSON:	SIGNATURE:
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