



## MIAMI-DADE COUNTY PRE-QUALIFICATION CERTIFICATION GUIDELINES

Department of Procurement Management  
**Vendor Assistance Unit – Professional Services Certification**  
111 NW 1<sup>st</sup> Street, 13<sup>th</sup> Floor  
Miami, Florida 33128-1835  
**Phone Number: (305) 375-4784 Fax Number: (305) 375-5688**

Pre-Qualification Certification (PQC) consolidates the Technical Certification, Affirmative Action Plan, and Vendor Registration into one streamlined certification process resulting in the issuance of a Pre-Qualification Certificate. Pre-Qualification Certification is required for all firms interested in providing professional architectural, engineering, landscape architecture, and/or land surveying and mapping services (professional services) to the County. Firms and/or individual consultants are required to obtain and maintain an approved pre-qualification certification at the time of responding to a Notice to Professional Consultants (NTPC), throughout the selection process, at time of award, and throughout the duration of the contract term without any lapses.

PQC shall be valid for a one (1) year from Technical Certification approval date, provided all eligibility requirements remain current. It shall be the sole responsibility of interested firms to obtain and complete required forms and submit the individual applications to the Department of Procurement Management's (DPM) Vendor Assistance Unit. All applications for the PQC process may be obtained at <http://www.miamidade.gov/DPM/>. Furthermore, firms shall be responsible for maintaining compliance/active status in the three (3) required areas by renewing in advance of the indicated expiration date. The Affirmative Action Plan must be renewed within the same year of the PQC expiration date. Incomplete application packages shall not be reviewed until the correct submission has been received.

The Pre-Qualification Certification Affidavit must be submitted on an annual basis. All applicants shall execute a Pre-Qualification Certification Affidavit attesting to the fact that all requirements are active in accordance with the Pre-Qualification Guidelines. Recertification request **must** be submitted not less than 30 days prior to the indicated expiration date and may be requested up to sixty (60) days prior. Please use the PQC Schedule for submittal deadline and review dates at <http://www.miamidade.gov/DPM/>.

Firms must report any significant changes, such as contact person, qualifier/certifier, ownership, firm address, etc., to DPM's Vendor Assistance Unit within 30 days of such a change. Failure to report said changes to the County may result in the immediate suspension or termination of your firm's certification. By applying for and being issued the PQC, a firm agrees to allow the County access to review and verify information relating to the applicant's PQC application during normal business hours, commencing on the day after the PQC has been issued until its expiration date.

Submit a cover letter on firm letterhead requesting Pre-Qualification Certification and indicating Technical Certification categories along with a completed PQC affidavit to:

**Miami-Dade County's Department of Procurement Management**  
**Professional Services Certification**  
**111 NW 1<sup>st</sup> Street, 13<sup>th</sup> Floor**  
**Miami, Florida 33128**



# MIAMI-DADE COUNTY

## PRE-QUALIFICATION CERTIFICATION AFFIDAVIT

(PLEASE COMPLETE ALL SECTIONS – DO NOT ALTER THIS FORM)

1. Name of Firm: \_\_\_\_\_  
 FEIN (Federal Employer Identification Number): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
 Firm Email address: \_\_\_\_\_
2. Name of Parent Company (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_
3. Name & Title of Contact Person: \_\_\_\_\_  
 Contact Person Email address: \_\_\_\_\_
4. Please provide the following information (if the firm is a new applicant, please indicate NEW):  
 I hereby certify the company's Technical Certification expiration date is: \_\_\_\_\_  
 I hereby certify the company's Vendor Registration is active – last updated: \_\_\_\_\_  
 I hereby certify the company's Affirmative Action Plan expiration date is: \_\_\_\_\_  
 I hereby certify that all professional licenses are active with the State of Florida.

**Technical Certification Category requests (Recertification ONLY):**

- I hereby request recertification for the previously held categories as indicated in the cover letter.
- I hereby request the category(ies) indicated in the cover letter be removed from our company's current Technical Certification status.

I hereby certify that to the best of my knowledge the information contained in this certification package is true and correct and that this firm is duly authorized to conduct business in the State of Florida and possesses the expertise to perform the work associated with the requested technical categories. I further certify that neither the firm nor any officer, director, employee of the firm, or any of its affiliates, has been criminally or civilly charged with antitrust criminal acts under state or federal law which involved fraud, bribery, conspiracy, antitrust violations or material misrepresentation with respect to a public contract. If after executing this affidavit there are any changes in the information submitted, the undersigned agrees to immediately inform Miami-Dade County of such changes in writing. If at any time the Miami-Dade County has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the County may refer the matter to the State Attorney's Office and/or other investigative agencies. The County may initiate debarment and/or pursue other remedies in accordance with Miami-Dade County policy and/or applicable federal, state and local laws.

Executed by:

\_\_\_\_\_  
Signature of CEO/President or Designated Representative

\_\_\_\_\_  
Printed Name of CEO/President or Designated Representative

Sworn before me

On this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public