

# Standard Pre-Qualification Form For Consultants

1. Testing And Certification Of Lifting Equipment & Lifting Accessories
2. Pressure Vessels.
3. Medical Basic First Aid Training

Name and Address of Consultants:

Date:

## Notes to Applicants

- Please type or print your replies legibly.
- Enter the date on which you complete the questionnaire at the bottom of each page.
- Please answer all questions. If the question does not apply to you, please put "NA" (Not Applicable).
- Please include all attachments (additional pages) in the related sections e.g. Section D attachments shall be D1, D2, D3,..... etc.
- The following are guidelines for third party agency/companies seeking to perform testing, certification and training services for Trakhees.



## Standard Pre-Qualification Form for Consultants

### General:

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1. Registration with Trakhees is required for all HSE consultants who intend to work in Trakhees jurisdictional areas. Trakhees Inspection Department will maintain information on the qualifications and capabilities of registered consultants in its information system.
2. Consultants who are seeking registration with Trakhees shall submit:

Introduction letter addressed to the Manager - Inspection Department- Trakhees, Ports, Customs & Free Zone Corporation, providing a general brief on your firm.

One copy of the attached questionnaire fully completed and signed by an Authorized representative.

Copy of the supporting documents.

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## Standard Pre-Qualification Form for Consultants

# Table of Contents

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Please list below any additional pages attached to each standard page.

<u>Standard Page</u>	<u>Additional Pages</u>
1.0	General Information
2.0	Range of Engineering Specialties
3.0	Operating Resources
4.0	Human Resources
5.0	Resume Format
6.0	Experience/Past Performance
7.0	Organization & Management
8.0	Quality



## Standard Pre-Qualification Form for Consultants

# 1.0 General Information

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1. Name of the Company :
- Address :
- Telephone Numbers :
- Fax Number :
- E-Mail :
2. Contact Person Name :
- Designation :
3. Courier Address :
4. Location Plan : Please attach location plan to show existing office.
5. Bank Information :
- Bank Name
  - Address
  - Contact Name
  - Telephone No.



## Standard Pre-Qualification Form for Consultants

### 2.0 Range of Engineering Specialties

Please mark down on the table the type of services offered with respect to each discipline which best describes your Consultants services in accordance with your commercial registration certificate.

Please indicate ONLY those services of which you have appropriate experience and expertise, which can be verified by Trakhees Inspection Department.

Type of activities Provided:

A = Design, Installation & Commissioning

B = Testing & Certification

C = Training

Discipline	A	B	C
Lifting Equipment ( Forklifts, Cranes, Top loaders & tackles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tools & Tackles ( Chain Pulley blocks, Slings Etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Vessels ( Boilers & Receivers etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.0 Operating Resources

Please provide details of the operating resources available within your firm.

#### 3.1 Hardware

Please provide details of the annual budget investment on Hardware purchase/upgrade.

Item No.	Hardware	Number	Type	Capacity
3.1.1	Workstation			
3.1.2	Computers			
3.1.3	Others Equipment *			

◆ To be listed out



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### 4.0 Human Resources

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Please indicate the availability of the following professionals. Please note C.V. in the attached format is required for all the professionals.

No. of Technical Staff :

No. of Administration Staff :

### 5.0 Resume Format

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1. POSITION :

2. NAME :

3. DATE OF BIRTH :

NATIONALITY :

4. EDUCATION :  
(State the name of the institution,  
its location and the year the qualification obtained)

5. OTHER TRAINING :

6. LANGUAGE AND  
DECREE OF  
PROFICIENCY :

7. MEMBERSHIP OF  
PROFESSIONAL  
SOCIETIES :

8. EXPERIENCE WITH  
CURRENT COMPANY :

9. WORK EXPERIENCE



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- IN THE UAE :
10. WORK EXPERIENCE  
IN THE GULF :
11. WORK EXPERIENCE  
IN OTHER COUNTRIES :
12. CURRENT BASE ADDRESS :

### 6.0 Experience/Past Performance

13. PLEASE PROVIDE DETAILS OF INVOLVEMENT IN 5 MAJOR PROJETS.

Sl. No	Project Name	Location	Client/ Consultant/ Contractor	Project Value	Project Description	Duties Performed
1						
2						
3						
4						
5						

### 6.1 Length In Business

Please confirm the number of years experience as a Consultant Engineer

International	Gulf	UAE

### 6.2 Record of Claims/Arbitration

Please provide 5 year record of Claims/Arbitration with your major Clients.



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# 7.0 Organization and Management

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## 7.1 Trade License

Please provide details of UAE Trade License (attach copy)

## 7.2 Pre-qualifications

Please provide details of Pre-qualifications with International Gulf/UAE Organization.

## 7.3 Organization Chart

Please indicate here or attach organization chart showing the company structure showing the positions of directors and all key personnel.

## 7.4 Manager in-charge

Please indicate here the manager in-charge of the consultancy office and attach CV in the prescribed format.

## 7.5 Insurance

Please provide details of the possession of PL/PI Insurance (attach copy of the policy)





## Standard Pre-Qualification Form for Consultants

### 8.0 Quality

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#### 8.1 ISO Accreditation

Please confirm whether your company is ISO accredited? Provide details.

#### 8.2 Quality Statement

Please provide your company quality statement?

#### 8.3 Quality Assurance Manual

Does your company have Quality Assurance Manual? If so, attach copies of the cover and table of contents pages.

For more information, please contact Mr. Jerald George or Mr. Ronald Martin on Tel. No. 04-8811847/04-8068816.