SIKORSKI THOMAS Form 3 March 14, 2003

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

#### FORM 3

#### INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* (Last, First, Middle)	2.	Date of Event Requiring Statement (Month/Day/Year)	3.	I.R.S. Identification Number of Reporting Person, if an entity (voluntary)	
Sikorski, Thomas J.		3/13/03	_		
c/o First Reserve	4.	Issuer Name and Ticker or Trading Symbol	5.	Relationship of Reporting Person(s) to Issuer (Check All Applicable)	
One Lafayette Place		Quanta Services, Inc. (NYSE: PWR)		x Director o Officer (give title below) o 10% Owner o Other (specify below)	
(Street) Greenwich, CT 06830		If Amendment, Date of Original (Month/Day/Year)			
(City) (State) (Zip)			7.	Individual or Joint/Group Filing (Check Applicable Line)	
				x Form filed by One Reporting Person o Form filed by More than One Reporting Person	
*		If the form is filed by more than one re	porting	person, see Instruction 5(b)(v).	

Table I Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) 4. Nature of Indirect or Indirect (I) Beneficial Ownership (Instr. 5) (Instr. 5)					
		Page 2					

. Title of Derivative Security (Instr. 4)		nount of Securities 4. Derivative Security	Conversion or 5. Exercise Price of Derivative Security	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Expi- Exer- ration cisable Date Title	Amount or Number of Shares			
xplanation of l	Responses: appointed to the Board of Directors of Q	Quanta Services Inc. on	March 13, 2003		
II. SIKOISKI WAS	Thomas J. Sikorski, By Thomas R. Denison, Attorney-in-Fact (See attached Power of Attorney)	3/13/03	Watch 13, 2005.		
	**Signature of Reporting Person	Date			

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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# POWER OF ATTORNEY (LIMITED)

KNOW ALL MEN BY THESE PRESENTS, that I, THOMAS SIKORSKI, of GREENWICH, County of FAIRFIELD, State of CONNECTICUT, reposing special trust and confidence in THOMAS R. DENISON, of LITTLETON, County of ARAPAHOE, State of COLORADO, have made, constituted and appointed, and by these presents do make, constitute and appoint the said THOMAS R. DENISON my true and lawful attorney-in-fact and agent, for me and in my name, place and stead, BOTH FOR ME PERSONALLY AND IN MY CAPACITY AS A MANAGING DIRECTOR OF FIRST RESERVE CORPORATION, with full power and authority to do and perform each and every act necessary, as fully as I might do if personally present, to accomplish and complete the following acts or transactions:

Sign on my behalf, any and all, filings (including filings with the Securities and Exchange Commission), agreements, notices or documents arising from, or related to, First Reserve Corporation's holdings, investments or activities.

I, THOMAS SIKORSKI, hereby ratify and confirm all that said THOMAS R. DENISON might or could lawfully do or lawfully cause to be done by virtue of this POWER OF ATTORNEY. This POWER OF ATTORNEY shall remain in effect until revoked and shall not be affected by disability of the principal.

EXECUTED this 17th day of July, 2	2002.					
		/s/ THOMAS SIKORSKI				
OTATO CO		Thomas Sikorski				
STATE of Connecticut	ction					
County of Fairfield	CHOI					
The foregoing instrument was acknown	owledged before me this 17th day of	July, 2002, by Thomas Sikorski, the Principal.				
Witness my hand and official seal.		/s/ MELISSA VITA				
	Notary	MELISSA VITA				
		NOTARY PUBLIC				
		My Commission Expires 06/30/2005				
My commission expires:						
	/s/ THOMAS R. DENISON					
	Specimen Signature	of Agent (Attorney)				