

Name of Firm:

6. KEY PERSONNEL:	CERTIFICATE:		
NAME AND ADDRESS	NUMBER	DATE	TYPE

7. WORK BY FIRM, OR NEW EMPLOYEES OF THE FIRM, WHICH BEST ILLUSTRATES CURRENT QUALIFICATIONS RELEVANT TO THIS CATEGORY OF WORK.

a. Project Name and Location	b. Nature of Firm's Responsibility	c. Owner's Name and Address	d. Completion Date (actual or estimated)	e. Estimated Cost (in thousands)	
				Entire Project	Work for which firm was/is responsible
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Name of Firm:

8. BRIEF RESUME OF KEY PERSONNEL: <i>(Duplicate this sheet, if necessary)</i>															
a. NAME AND TITLE:				a. NAME AND TITLE:				a. NAME AND TITLE:							
b. PROBABLE WORK ASSIGNMENT:				b. PROBABLE WORK ASSIGNMENT:				b. PROBABLE WORK ASSIGNMENT:							
c. YEARS EXPERIENCE:				c. YEARS EXPERIENCE:				c. YEARS EXPERIENCE:							
With this Firm		-----		With Other Firms		-----		With this Firm		-----		With Other Firms		-----	
d. EDUCATION: Degree(s)/Year/Specialization:				d. EDUCATION: Degree(s)/Year/Specialization:				d. EDUCATION: Degree(s)/Year/Specialization:							
e. ACTIVE REGISTRATION: Year First Registered/Discipline/State				e. ACTIVE REGISTRATION: Year First Registered/Discipline/State				e. ACTIVE REGISTRATION: Year First Registered/Discipline/State							
f. OTHER EXPERIENCE AND QUALIFICATIONS RELEVANT TO THE PROPOSED PROJECT.				f. OTHER EXPERIENCE AND QUALIFICATIONS RELEVANT TO THE PROPOSED PROJECT.				f. OTHER EXPERIENCE AND QUALIFICATIONS RELEVANT TO THE PROPOSED PROJECT.							
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9. USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION OR DESCRIPTION OF RESOURCES SUPPORTING YOUR FIRM'S QUALIFICATIONS FOR THE PROPOSED PROJECT:

10. SUBCONSULTANTS AND THEIR WORK:

11. THE FOREGOING IS A STATEMENT OF FACTS. *(Signature)*

TYPED NAME AND TITLE:

DATE: