

**NOTICE OF PROFESSIONAL CONSULTANT CERTIFICATION**

*Form I*

In accordance with established procedures, the Deputy County Engineer on \_\_\_\_\_ certified that you are qualified to provide consulting services to Palm Beach County in the categories of work checked below. Notice of certification is NOT notice of selection.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CONTACT INFORMATION:**

	<u>Name</u>	<u>Email</u>
1	_____	_____
2	_____	_____

**TRANSPORTATION PLANNING**

- 1.01 Urban Area and Regional Transportation Planning
- 1.02 Aviation Systems Planning
- 1.03 Airport Master Planning
- 1.04 Waterways and Ports Planning
- 1.05 Mass and Rapid Transit Planning
- 1.06 Alternate Systems and Corridor Location Planning
- 1.07 Environmental Studies
- 1.08 Attitude, Opinion and Community Value Studies

**MASS TRANSIT OPERATIONS**

- 2.01 Experimental Systems Research and Development including Demonstration
- 2.02 Airport Design and Operation
- 2.03 Port and Waterway Design and Operation
- 2.04 Mass and Rapid Transit Design and Operation

**HIGHWAY DESIGN ROADWAY**

- 3.01 Two-lane or Multi-lane RURAL Generally Free Access Highways Design
- 3.02 Two-lane or Multi-Lane with Curb and Gutter, Generally free Access Highways Design, Including Storm Sewers
- 3.03 Mulit-lane RURAL, LIMITED ACCESS Expressway Type Highway Design
- 3.04 Pre-Design Engineering Studies and Design of Urban Expressway and Urban Interstate
- 3.05 Traffic Operations Studies
- 3.06 Traffic Operations Design
- 3.07 Traffic Control Systems Analysis, Design and Implementation

**HIGHWAY DESIGN BRIDGES**

- 4.01 Minor Bridges Design
- 4.02 Major Bridges Design
- 4.03 Movable Span Bridge Design

**TOPOGRAPHY**

- 5.01 Land Surveying
- 5.02 Engineering Surveying
- 5.03 Geodetic Surveying
- 5.04 Aerial Photography
- 5.05 Aerial Photogrammetry
- 5.06 Remote Sensing
- 5.07 Cartography

**SOILS AND FOUNDATION & MATERIALS TESTING**

- 6.01 Geological and Geophysical Studies
- 6.02 Bridge Foundation Studies
- 6.03 Pile Foundation Studies
- 6.04 Hydraulic and Hydrologic Studies
- 6.05 Soil Treatment
- 6.06 Materials Testing

**ARCHITECTURAL**

- 7.01-05 Architect
- 7.06 Landscape Architecture
- 7.07 Threshold Inspection

**MECHANICAL ENGINEERING**

- 8.01 Waste Water Treatment Systems
- 8.02 Waste Water Collection Systems
- 8.03 Water Supply Treatment Systems
- 8.04 Water Distribution Systems
- 8.05 Heating Systems
- 8.06 Cooling Systems
- 8.07 Specialized Design

Firm Name: 0

**ELECTRICAL ENGINEERING**

- 9.01 Institutional Facilities
- 9.02 Recreational Facilities
- 9.03 Industrial Facilities
- 9.04 Residential Facilities
- 9.05 Highway Lighting

**STRUCTURAL ENGINEERING**

- 10.01 Institutional
- 10.02 Recreational
- 10.03 Industrial
- 10.04 Residential

**OCEANOGRAPHY**

- 11.01 Offshore Sand Studies
- 11.02 Beach Restoration
- 11.03 Underwater Investigation

**ENVIRONMENTAL ENGINEERING**

- 12.01 Air Quality Investigation and Air Pollution Control
- 12.02 Environmental Audit/Site Investigation
- 12.03 Soil and Groundwater Contamination Assessment and Remediation System Design
- 12.04 Solid/Hazardous Waste Management
- 12.05 Industrial Waste Management
- 12.06 Water Resource Evaluation and Development
- 12.07 Water and Wastewater Treatment Process Design

**OTHER CCNA SERVICES**

- 13.01 \_\_\_\_\_
- 13.02 \_\_\_\_\_

*\*\* These categories are only to be for services that fall under the FL CCNA Statute*

Notes:

- 1 Check boxes of the categories in which certification is requested.
- 2 If category is new for the firm, add a single asterisk on the line to the left of the checkbox.
- 3 If firm had a certification in a category but wishes to delete that certification, add a double asterisk on the line to the left of the checkbox.

**PALM BEACH COUNTY**

**CONSULTANT**

By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION

Official (Legal) Firm Name \_\_\_\_\_

Conditions listed herein valid as of (Date) \_\_\_\_\_

Official Florida Address \_\_\_\_\_

Primary Contact: Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Secondary Contact: Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Office

Address \_\_\_\_\_

Person In Charge \_\_\_\_\_

Phone Number \_\_\_\_\_

Square Footage \_\_\_\_\_

Branch Offices

Cities \_\_\_\_\_

Total Square Footage \_\_\_\_\_

Number of Years in Field \_\_\_\_\_

Years Under Present Name \_\_\_\_\_

Year Established \_\_\_\_\_

State Where Established \_\_\_\_\_

Former Firm Name(s): \_\_\_\_\_

Type of Firm: (circle one) Corporation / Partnership / Limited Liability / Individual / Other: \_\_\_\_\_

Date Incorporated/Organized: \_\_\_\_\_

State Incorporated/Organized: \_\_\_\_\_

President's Name: \_\_\_\_\_

Vice President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Type of Partnership: (circle one) General / Limited / Association / N/A

Names of Partner(s): (if applicable) \_\_\_\_\_

Date Authorized in Florida: \_\_\_\_\_

Annual Average Revenue of Firm for Past 3 Years: \_\_\_\_\_

Firm's Website Address: \_\_\_\_\_

PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION

Past Experience – List 5 projects for each category that CCNA Certification is being requested on “Form I”.

(Attach Additional Pages as Necessary)

Project Name _____	CCNA Category No.s Supported by this Project _____
Owner: Name _____	_____
Address _____	_____
Phone _____	Current Employee(s) of Firm Involved in Project _____
E-mail _____	_____
Start Date _____	_____
End Date _____	_____
<u>Brief Description of the Project and the Portion of the Work Done by the Firm's own Current Employees</u>	

Project Name _____	CCNA Category No.s Supported by this Project _____
Owner: Name _____	_____
Address _____	_____
Phone _____	Current Employee(s) of Firm Involved in Project _____
E-mail _____	_____
Start Date _____	_____
End Date _____	_____
<u>Brief Description of the Project and the Portion of the Work Done by the Firm's own Current Employees</u>	

Project Name _____	CCNA Category No.s Supported by this Project _____
Owner: Name _____	_____
Address _____	_____
Phone _____	Current Employee(s) of Firm Involved in Project _____
E-mail _____	_____
Start Date _____	_____
End Date _____	_____
<u>Brief Description of the Project and the Portion of the Work Done by the Firm's own Current Employees</u>	

PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION

Current Projects –List 5 projects for each category that CCNA Certification is being requested on Form I.

(Attach Additional Pages as Necessary)

Project Name _____	CCNA Category No.s Supported by this Project _____
Owner: Name _____	_____
Address _____	_____
Phone _____	Current Employee(s) of Firm Involved in Project _____
E-mail _____	_____
Start Date _____	_____
% Complete _____	_____
<u>Brief Description of the Project and the Portion of the Work Done by the Firm's own Current Employees</u>	
_____	
_____	
_____	

Project Name _____	CCNA Category No.s Supported by this Project _____
Owner: Name _____	_____
Address _____	_____
Phone _____	Current Employee(s) of Firm Involved in Project _____
E-mail _____	_____
Start Date _____	_____
% Complete _____	_____
<u>Brief Description of the Project and the Portion of the Work Done by the Firm's own Current Employees</u>	
_____	
_____	
_____	

Project Name _____	CCNA Category No.s Supported by this Project _____
Owner: Name _____	_____
Address _____	_____
Phone _____	Current Employee(s) of Firm Involved in Project _____
E-mail _____	_____
Start Date _____	_____
% Complete _____	_____
<u>Brief Description of the Project and the Portion of the Work Done by the Firm's own Current Employees</u>	
_____	
_____	
_____	

PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION

Personnel Summary – List the firm’s principals and all key and/or licensed personnel.

(Attach Additional Pages as Necessary)

Name	_____
Title	_____
Date Employed	_____
Status (circle one)	Temporary in FL / Permanent in FL / Out of State
Registration: No.	_____
State	_____
Type	_____
Year	_____
College: Degree	_____
Major	_____
Years Experience	_____
Experienced in CCNA Category No.s	_____

Name	_____
Title	_____
Date Employed	_____
Status (circle one)	Temporary in FL / Permanent in FL / Out of State
Registration: No.	_____
State	_____
Type	_____
Year	_____
College: Degree	_____
Major	_____
Years Experience	_____
Experienced in CCNA Category No.s	_____

Name	_____
Title	_____
Date Employed	_____
Status (circle one)	Temporary in FL / Permanent in FL / Out of State
Registration: No.	_____
State	_____
Type	_____
Year	_____
College: Degree	_____
Major	_____
Years Experience	_____
Experienced in CCNA Category No.s	_____

PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION

<b>Number of Personnel Available to work in Florida</b>									
<i>(Provide Copies of State Licenses/Registrations, only list personnel licensed to work in FL)</i>									
	<b>Main Office in FL</b>		<b>Branch Locations in Florida</b>			<b>Other Locations (Out of State)</b>			<b>Total</b>
	<b>rofession:</b>	<b>Support</b>	<b>Branch</b>	<b>rofession:</b>	<b>Support</b>	<b>Branch</b>	<b>rofession:</b>	<b>Support</b>	
Architect									
Landscape Architect									
<b>Engineers:</b>									
Civil									
Traffic									
Highway									
Bridge									
Drainage									
Electrical									
Mechanical									
Structural									
Sanitary									
<b>Surveyors:</b>									
PSM									
Party Chief									
Instrument Technician									
Aide									
<b>Planners:</b>									
Architectural									
Urban Transportation									
Regional									
Multi-Model									
Mass Transit									
Rail									
Airport									
CAD Technician									
Specification Writer									
Estimator									

**PALM BEACH COUNTY**  
**PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION**

Form 10-1.10

<b>Number of Personnel Available to work in Florida</b> <i>(Provide Copies of State Licenses/Registrations, only list personnel licensed to work in FL)</i>									
	Main Office in FL		Branch Locations in Florida			Other Locations (Out of State)			Total
	Profession	Support	Branch	Profession	Support	Branch	Profession	Support	
<u>Ecologists /</u>									
<u>Environmentalists</u>									
Biologist									
Zoologist									
Botanist									
Wildlife Ecologist									
<u>Geologists:</u>									
Ground Water									
Surface Water									
Environmental									
<u>Other Categories:</u>									
Forester									
Geographer									
Sociologist									
Economist									
Acoustical Engineer									
Statistician									
Demographic Specialist									
<b>Totals</b>									





**PALM BEACH COUNTY**  
**PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION**

List, in order of preference, the types of projects in which your firm is specialized.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

**Statement of Consultant**

I hereby certify that I am a duly authorized representative of the consulting firm of \_\_\_\_\_ whose address is \_\_\_\_\_ and that the statements made in this application are true and correct to the best of my/our knowledge, and hereby authorize and request any person, firm or corporation to furnish any pertinent information requested by Palm Beach County deemed necessary to verify the statements made in this application or regarding the standing and reputation of the applicant.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date