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| 1. **Firm Name:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Conditions as of (Date):** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Official Florida Address:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Primary Contact Name and E-mail Address for RFP:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Secondary Contact Name and E-mail Address for RFP:** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Home Office** | | | | | |  | | **Address** | | | | | | | |  | | **Person in Charge** | | | | | | | | | | | | |  | **Phone Number** | | | |  | | **Square Footage** |
|  | | | | | |  | |  | | | | | | | |  | |  | | | | | | | | | | | | |  |  | | | |  | |  |
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| 1. **Branch Offices** | | | | | |  | | **Address** | | | | | | | |  | | **Person in Charge** | | | | | | | | | | | | |  | **Phone Number** | | | |  | | **Square Footage** |
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| 1. **Number of Years in Field** | | | | |  | | **Years Under Present Name** | | | | | |  | | | **Year Established** | | | | | | |  | | | | **State Where Established** | | | | | | | |  | | | |
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| **Former Firm Name(s):** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Type of Firm: Corporation** | | | | |  | **Partnership** | | |  | **Limited Liability** | | | |  | **Individual** | | | | |  | | **Other** | |  | | | | | | | | | | | | | | |
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| **Date Incorporated:** | |  | | | | | | | | | | | | | |  |  | | **Date Partnership Organized:** | | | | | | | | | |  | | | | | | | | | |
| **State Incorporated:** | |  | | | | | | | | | | | | | |  |  | | **Type:** | | **General** | | | |  | **Limited** | | | |  | | | **Association** | | | |  | |
| **President’s Name:** | |  | | | | | | | | | | | | | |  |  | | **Name and Address of Partner(s):** | | | | | | | | | | | | | | | | | | | |
| **Vice President’s Name:** | | | |  | | | | | | | | | | | |  |  | |  | | | | | | | | | | | | | | | | | | | |
| **Secretary’s Name:** | |  | | | | | | | | | | | | | |  |  | |  | | | | | | | | | | | | | | | | | | | |
| **Treasurer’s Name:** | |  | | | | | | | | | | | | | |  |  | |  | | | | | | | | | | | | | | | | | | | |
| **Date Authorized in Florida:** | | | | |  | | | | | | | | | | |  |  | | **Date Authorized in Florida:** | | | | | | | | |  | | | | | | | | | | |
| **Annual Average Revenue of Firm for Prior 3 Years:** | | | | | | | | | | |  | | | | |  |  | | **Annual Average Revenue of Firm for Prior 3 Years:** | | | | | | | | | | | | | | |  | | | | |
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| 1. **Is Firm Authorized by a Florida State Board of Examiners:** | **Yes** |  | **No** |  | **Certificate #:** |  | **Date:** |  |
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| 1. **Past Experience – List 5 projects for each category that CCNA Certification is being requested in “Form I”.** | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
|  |  | **Start Date:** |  | |  |  |
|  |  | **End Date:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
|  |  | **Start Date:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **Past Experience (Continued)** | | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** | |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  | |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  | |
|  |  | **Owner’s Phone:** |  | |  |  | |
|  |  | **Owner’s E-mail:** |  | |  |  | |
|  |  | **Start Date:** |  | |  |  | |
|  |  | **End Date:** |  | |  |  | |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
|  |  | **Start Date:** |  | |  |  |
|  |  | **End Date:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **Past Experience (Continued)** | | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** | |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  | |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  | |
|  |  | **Owner’s Phone:** |  | |  |  | |
|  |  | **Owner’s E-mail:** |  | |  |  | |
|  |  | **Start Date:** |  | |  |  | |
|  |  | **End Date:** |  | |  |  | |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | | |
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| **Past Experience (Continued)** | | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** | |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  | |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  | |
|  |  | **Owner’s Phone:** |  | |  |  | |
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|  |  | **Start Date:** |  | |  |  | |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | | |
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| 1. **Current Projects – List all projects, as they relate to each of the applicable CCNA Categories, on which your firm is currently working, including projects where you are associated with other firms.** | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
|  |  | **Start Date:** |  | |  |  |
|  |  | **Scheduled Completion:** |  | |  |  |
|  |  | **% Completed:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
|  |  | **Start Date:** |  | |  |  |
|  |  | **Scheduled Completion:** |  | |  |  |
|  |  | **% Completed:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **Current Projects (Continued)** | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **Current Projects (Continued)** | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
|  |  | **Start Date:** |  | |  |  |
|  |  | **Scheduled Completion:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **Current Projects (Continued)** | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
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|  |  | **Start Date:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **Current Projects (Continued)** | | | | | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
|  |  | **Owner’s E-mail:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| **“Form I”** |  | **Project Name:** |  | |  | **Current Employee(s) Involved in Project** |
| **CCNA Category No(s).** |  | **Owner’s Name:** |  | |  |  |
| **(List All That May Apply)** |  | **Owner’s Address:** |  | |  |  |
|  |  | **Owner’s Phone:** |  | |  |  |
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|  |  | **Brief Description of Work Done by Firm on the Project:** | |  | | |
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| 1. **Personnel Summary – Complete the following table, listing the firm’s principal first, and all key and/or licensed personnel, thereafter.** | | | | | |
|  | | | | | |
| **CCNA Category No(s).** | **Years of Experience** | **Principal’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
|  |  | **Registration Type:** |  | | |
|  |  | **Year Registered:** |  | | |
|  |  | **College Degree:** |  | | |
|  |  | **Major:** |  | | |

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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
|  |  | **Registration Type:** |  | | |
|  |  | **Year Registered:** |  | | |
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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
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| **CCNA Category No(s).** | | **Years of Experience** | | **Personnel’s Name:** |  | | | | | |
| **from “Form I”** | |  | | **Position:** |  | | | | | |
|  | |  | | **Date Employed:** |  | | | | | |
|  | |  | | **Temporary or  Permanent in Florida** | | | | | | |
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|  | |  | | **College Degree:** |  | | | | | |
|  | |  | | **Major:** |  | | | | | |
| **Personnel Summary (Continued)** | | | | | | | | | | |
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| **CCNA Category No(s).** | | **Years of Experience** | | **Personnel’s Name:** | |  | | | | |
| **from “Form I”** | |  | | **Position:** | |  | | | | |
|  | |  | | **Date Employed:** | |  | | | | |
|  | |  | | **Temporary or  Permanent in Florida** | | | | | | |
|  | |  | | **Registration No.:** | |  | **State:** | |  | |
|  | |  | | **Registration Type:** | |  | | | | |
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|  | |  | | **College Degree:** | |  | | | | |
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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
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|  |  | **Year Registered:** |  | | |
|  |  | **College Degree:** |  | | |
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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
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| **CCNA Category No(s).** | | **Years of Experience** | | **Personnel’s Name:** |  | | | | | |
| **from “Form I”** | |  | | **Position:** |  | | | | | |
|  | |  | | **Date Employed:** |  | | | | | |
|  | |  | | **Temporary or  Permanent in Florida** | | | | | | |
|  | |  | | **Registration No.:** |  | | **State:** | |  | |
|  | |  | | **Registration Type:** |  | | | | | |
|  | |  | | **Year Registered:** |  | | | | | |
|  | |  | | **College Degree:** |  | | | | | |
|  | |  | | **Major:** |  | | | | | |
| **Personnel Summary (Continued)** | | | | | | | | | | |
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| **CCNA Category No(s).** | | **Years of Experience** | | **Personnel’s Name:** | |  | | | | |
| **from “Form I”** | |  | | **Position:** | |  | | | | |
|  | |  | | **Date Employed:** | |  | | | | |
|  | |  | | **Temporary or  Permanent in Florida** | | | | | | |
|  | |  | | **Registration No.:** | |  | **State:** | |  | |
|  | |  | | **Registration Type:** | |  | | | | |
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|  | |  | | **College Degree:** | |  | | | | |
|  | |  | | **Major:** | |  | | | | |

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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
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|  |  | **Year Registered:** |  | | |
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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
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|  |  | **Year Registered:** |  | | |
|  |  | **College Degree:** |  | | |
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| **CCNA Category No(s).** | **Years of Experience** | **Personnel’s Name:** |  | | |
| **from “Form I”** |  | **Position:** |  | | |
|  |  | **Date Employed:** |  | | |
|  |  | **Temporary or  Permanent in Florida** | | | |
|  |  | **Registration No.:** |  | **State:** |  |
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|  |  | **Year Registered:** |  | | |
|  |  | **College Degree:** |  | | |
|  |  | **Major:** |  | | |

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| 1. **Number of Personnel Available in Florida *(Provide Copies of State Licenses/Registrations)*** | | | | | | |
|  | | | | | | |
|  | **Main Office - Florida** | | **Branch Locations - Florida** | | | **Total** |
|  | **Professional** | **Support** | **Branch** | **Professional** | **Support** |  |
| **Architect** |  |  |  |  |  |  |
| **Landscape Architect** |  |  |  |  |  |  |
|  | | | | | | |
| **Engineers:** |  |  |  |  |  |  |
| **Civil** |  |  |  |  |  |  |
| **Traffic** |  |  |  |  |  |  |
| **Highway** |  |  |  |  |  |  |
| **Bridge** |  |  |  |  |  |  |
| **Drainage** |  |  |  |  |  |  |
| **Electrical** |  |  |  |  |  |  |
| **Mechanical** |  |  |  |  |  |  |
| **Structural** |  |  |  |  |  |  |
| **Sanitary** |  |  |  |  |  |  |
|  | | | | | | |
| **Surveyors:** |  |  |  |  |  |  |
| **PSM** |  |  |  |  |  |  |
| **Party Chief** |  |  |  |  |  |  |
| **Instrument Technician** |  |  |  |  |  |  |
| **Aide** |  |  |  |  |  |  |
|  | | | | | | |
| **Planners:** |  |  |  |  |  |  |
| **Architectural** |  |  |  |  |  |  |
| **Urban Transportation** |  |  |  |  |  |  |
| **Regional** |  |  |  |  |  |  |
| **Multi-Model** |  |  |  |  |  |  |
| **Mass Transit** |  |  |  |  |  |  |
| **Rail** |  |  |  |  |  |  |
| **Airport** |  |  |  |  |  |  |
| **CAD Technician** |  |  |  |  |  |  |
| **Specification Writer** |  |  |  |  |  |  |
| **Estimator** |  |  |  |  |  |  |
|  | | | | | | |
| **Ecologists and Environmentalists** |  |  |  |  |  |  |
| **Biologist** |  |  |  |  |  |  |
| **Zoologist** |  |  |  |  |  |  |
| **Botanist** |  |  |  |  |  |  |
| **Wildlife Ecologist** |  |  |  |  |  |  |
| **Number of Personnel Available in Florida *(Provide Copies of State Licenses/Registrations)* (Continued)** | | | | | | |
|  | | | | | | |
|  | **Main Office - Florida** | | **Branch Locations - Florida** | | | **Total** |
|  | **Professional** | **Support** | **Branch** | **Professional** | **Support** |  |
| **Geologists:** |  |  |  |  |  |  |
| **Ground Water** |  |  |  |  |  |  |
| **Surface Water** |  |  |  |  |  |  |
| **Environmental** |  |  |  |  |  |  |
|  | | | | | | |
| **Other Categories:** |  |  |  |  |  |  |
| **Forester** |  |  |  |  |  |  |
| **Geographer** |  |  |  |  |  |  |
| **Sociologist** |  |  |  |  |  |  |
| **Economist** |  |  |  |  |  |  |
| **Acoustical Engineer** |  |  |  |  |  |  |
| **Statistician** |  |  |  |  |  |  |
| **Demographic Specialist** |  |  |  |  |  |  |
|  | | | | | | |
| **Other Categories (Please Specify):** |  |  |  |  |  |  |
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| **Total Professional Personnel** |  | **Total Support Personnel** |  |  |

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| 1. **Equipment *(To Be Completed by Topographic Consultants Only.)*** | | | | |
|  | | | | |
| **Brand Name** |  | **Model** |  | **Quantity** |
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| **Equipment *(To Be Completed by Soils and Foundation Consultants Only.)*** | | | | |
|  | | | | |
| **Brand Name** |  | **Model** |  | **Quantity** |
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| 1. **List, in order of preference, the types of projects in which your firm is specialized.** | |
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| 1. **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.** | | | | | |
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|  |  | | |  |  | |
|  | **Authorized Signature** | | |  | **Date** | |
|  |  | | |  |  | |
|  |  | | |  |  | |
|  | **Printed Name** | | |  |  | |
|  |  | | |  |  | |
|  |  | | |  |  | |
|  | **Title** | | |  |  | |