

CCNA Certification Application with Palm Beach County

Checklist for Application

- _____ Forms I & 10-1.10 Complete
- _____ Name & contact info complete on Form I page 1
- _____ Company Name on Form I page 2
- _____ Form I signed and dated
- _____ Mark new certification categories with * and categories to be deleted with **
- _____ Provide copies of professionals' licenses with the state of Florida. Verify that all are current and in good standing.
- _____ Provide a copy of firm's license to operate with professional licensing board(s).
- _____ Provide copy of Sunbiz information
- _____ Firm Info Items complete on Form 10-1.10.
- _____ Firm Info items match sunbiz information and website. If not, add footnote to explain.
- _____ A PE is required to be listed for each example in categories:
2.0_, 3.0_, 4.0_, 8.0_, 9.0_, 10.0_, & 11.0_
- _____ A PLS is required to be listed for each example for category 5.0_
- _____ A licensed Architect is required to be listed for each example for category 7.01-7.05
- _____ A LA is required to be listed for each example for category 7.06
- _____ Experience (past/present): Are at least 5 examples given for each category checked on Form I?
(the five examples can be split between past/present)
- _____ Project descriptions detailed enough to determine if category is applicable. (i.e. does description reference work done to backup certification category)
- _____ List all FL licensed professionals on Employees Listing. Only personnel with valid FL licenses are eligible as backup for certification.
- _____ Is firm planning to submit for an RFP with the County soon? If so, note when submitting and let us know what the RFP due date is.

Notes:

- ~ Feel free to add notes to the application to clarify any item
- ~ Please include enough detail in your experience descriptions for us to see that the experience does indeed match the CCNA certification category. Most projects have multiple consultants, please describe the work done by your firm.
- ~ Additional information such as resumes, marketing info, etc is welcome to supplement the application, but will not replace it. The application forms must be completed without referencing any extra documentation.
- ~ Only list professional Florida licensed personnel who are available to work on Palm Beach County projects in your application (*unless category does not require a license*).
- ~ Email Forms I & 10-1.10 and backup information to JaeAnn Dean at jadean@pbc.gov
- ~ If you need a certification approved quickly to be eligible for an RFP submittal, please let us know. It is recommended that you apply for only the categories which are immediately needed, and then resubmit later to add additional categories.
- ~ This certification is only for those professional services that fall under the Florida CCNA Statute
- ~ S/MWBE certification with Palm Beach County is a separate certification. Information regarding S/MWBE certification with Palm Beach County and the EBO Ordinance can be obtained from the PBC Office of Equal Business Opportunity.

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: _____

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 _____

*** Group 13 categories are only to be for services that fall under the FL CCNA Statute and are not covered by categories 1 - 12

Notes:

- ___ Represents **CCNA Certification** in a category. (A firm is only certified in those categories with boxes checked)
- * ___ Represents a **new** certification for a firm. (add a * on the line to the left of the checkbox for categories added since previous certification)
- ** ___ Represents a **deleted** certification for a firm. (add a ** on the line to the left of the checkbox for categories deleted since previous certification)

PALM BEACH COUNTY

CONSULTANT

By:

Name: Joanne M. Keller, P.E.
Title: Deputy County Engineer

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 Employeed	_____
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 Employeed	_____
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 Employeed	_____
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

Number of Personnel Available to work in Florida									
<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
	rofession:	Support	Branch	rofession:	Support	Branch	rofession:	Support	
Architect									
Landscape Architect									
<u>Engineers:</u>									
Civil									
Traffic									
Highway									
Bridge									
Drainage									
Electrical									
Mechanical									
Structural									
Sanitary									
<u>Surveyors:</u>									
PSM									
Party Chief									
Instrument Technician									
Aide									
<u>Planners:</u>									
Architectural									
Urban Transportation									
Regional									
Multi-Model									
Mass Transit									
Rail									
Airport									
CAD Technician									
Specification Writer									
Estimator									

PALM BEACH COUNTY
PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION

Number of Personnel Available to work in Florida									
<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									
Totals									

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