1. Firm	Name:				
	itions as of (Date):				
	al Florida Address:				
	ary Contact Name and E-m				
5. Seco	ndary Contact Name and E	E-mail Address for RFP:			
6. Home	e Office	Address	Person in Charge	Phone Number	Square Footage
7. Brand	ch Offices	Address	Person in Charge	Phone Number	Square Footage
	per of Years in Field		Year EstablishedSta	te Where Established	
9. Type	of Firm: Corporation	Partnership	bility		
Date	Incorporated:		Date Partnership Organized:		
				ted Association	ı 🗍
Presi	dont's Namo:		I Name and Address of Dartner/		_
Vice I	President's Name:			•	
Secre	tarvic Namo:				
Treas	urer's Name:				
	Authorized in Florida:		Date Authorized in Florida:		
Annu	al Average Revenue of Fir	m for Prior 3 Years:	Annual Average Revenue of Fi	rm for Prior 3 Years:	_
10. Is Fir	m Authorized by a Florida	State Board of Examiners: Ye	esNoCertificate #:	Date:	

11. Past Experience – List 5 projects for each category that CCNA Certification is being requested in "Form I".

"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the Project:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the Project:	Current Employee(s) Involved in Project

Past Experience (Continued)

"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the Project:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail:	Current Employee(s) Involved in Project
	Start Date: End Date: Brief Description of Work Done by Firm on the Project:	

Past Experience (Continued)

"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:	
	Brief Description of Work	
	Done by Firm on the	
	Project:	
	-	
		Current Employee(s) Involved in Project
"Form I"	Project Name:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name:	Current Employee(s) Involved in Project
"Form I"	Project Name: Owner's Name: Owner's Address:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date:	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s).	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: End Date: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project

12. 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.

	Project Name:	Current Employee(s) Involved in Project
"Form I" Project Name: 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:	-
		-
	Brief Description of Work	
	Done by Firm on the	
	Project:	
	•	
	_	
"Form I"	Project Name:	Current Employee(s) Involved in Project
"Form I"	Project Name: Owner's Name:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed:	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
"Form I" CCNA Category No(s). (List All That May Apply)	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project
CCNA Category No(s).	Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	Current Employee(s) Involved in Project

"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed:	Current Employee(s) Involved in Project
	Brief Description of Work Done by Firm on the Project:	
_		
"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the Project:	Current Employee(s) Involved in Project

"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed:	Current Employee(s) Involved in Project
	Brief Description of Work Done by Firm on the Project:	
"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the Project:	Current Employee(s) Involved in Project

"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed:	Current Employee(s) Involved in Project
	Brief Description of Work Done by Firm on the Project:	
"Form I" CCNA Category No(s). (List All That May Apply)	Project Name: Owner's Name: Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the Project:	Current Employee(s) Involved in Project

"Form I" Current Employee(s) Involved in F CCNA Category No(s). (List All That May Apply) Owner's Address: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the Project: "Form I" CCNA Category No(s). (List All That May Apply) Owner's S. Address: Owner's E-mail: Start Date: CCNA Category No(s). (List All That May Apply) Owner's Address: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Scheduled Completion: % Completed: Scheduled Completion: % Completed: Start Date: Scheduled Completion: % Completed:	roiect
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"Form I" Project Name: Current Employee(s) Involved in F CCNA Category No(s). List All That May Apply) Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	
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CCNA Category No(s). List All That May Apply) Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	
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CCNA Category No(s). List All That May Apply) Owner's Address: Owner's Phone: Owner's E-mail: Start Date: Scheduled Completion: % Completed: Brief Description of Work Done by Firm on the	roiect
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13. 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		
from "Form I"		Position:	
		Date Employed:	
			Permanent in Florida
		Registration No.:	State:
		Registration Type:	
		Year Registered:	
		College Degree:	
		Major:	
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:	
		i cai negisterea.	
		College Degree:	
		Major:	
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:	
	•	-	
CCNA Category No(s).	Years of Experience	Personnel's Name:	
from "Form I"	-	Position:	
		Date Employed:	
			Permanent in Florida
		Registration No.:	State:
		Registration Type:	
		Year Registered:	
		College Degree:	
		Major:	

Personnel Summary (Continued)

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:
CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:
CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:
CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:

Personnel Summary (Continued)

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:
CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:
CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:
CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: Position: Date Employed: Temporary or Permanent in Florida Registration No.: Registration Type: Year Registered: College Degree: Major:

14. Number of Personnel Available in Florida (Provide Copies of State Licenses/Registrations)

	Main Office	e - Florida	Branch Loca	ations - 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	e - Florida	Branch	n Locations - Florida		Total
	Professional	Support	Branch	Professional	Support	
Seologists:						
Ground Water						
Surface Water						
Environmental						
Other Categories:						
Forester						
Geographer						
Sociologist						
Economist						
Acoustical Engineer					_	
Statistician						
Demographic Specialist						
				·		
Other Categories (Please Specify):						

Total Professional PersonnelTotal Su	pport Personnel
--------------------------------------	-----------------

15. Equipment (To Be Completed by Topographic Consultants Only.)

Brand Name	Model	Quantity

Equipment (To Be Completed by Soils and Foundation Consultants Only.)

Brand Name	Model	Quantity

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e		
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j.		
17. Statement of Co	onsultant	
I hereby certify whose address made in this ap any pertinent ir	that I am a duly authorized representative of the consulting firm of	and that the statements and request any person, firm or corporation to furnish
I hereby certify whose address made in this ap any pertinent ir	that I am a duly authorized representative of the consulting firm ofs iss is oplication are true and correct to the best of my/our knowledge, and hereby author of the formation requested by Palm Beach County deemed necessary to verify the state	and that the statements and request any person, firm or corporation to furnish

Title