

**PALM BEACH COUNTY  
PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION**

1. Firm Name: \_\_\_\_\_
2. Conditions as of (Date): \_\_\_\_\_
3. Official Florida Address: \_\_\_\_\_
4. Primary Contact Name and E-mail Address for RFP: \_\_\_\_\_
5. Secondary Contact Name and E-mail Address for RFP: \_\_\_\_\_

6. Home Office	Address	Person in Charge	Phone Number	Square Footage
_____	_____	_____	_____	_____

7. Branch Offices	Address	Person in Charge	Phone Number	Square Footage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8. Number of Years in Field \_\_\_\_\_ Years Under Present Name \_\_\_\_\_ Year Established \_\_\_\_\_ State Where Established \_\_\_\_\_

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

9. Type of Firm: Corporation ☐ Partnership ☐ Limited Liability ☐ Individual ☐ Other \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

State Incorporated: \_\_\_\_\_

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

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

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

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

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

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

Date Partnership Organized: \_\_\_\_\_

Type: General ☐ Limited ☐ Association ☐

Name and Address of Partner(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

10. Is Firm Authorized by a Florida State Board of Examiners: Yes \_\_\_\_\_ No \_\_\_\_\_ Certificate #: \_\_\_\_\_ Date: \_\_\_\_\_

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

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**Past Experience (Continued)**

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

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

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

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

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

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

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

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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). from “Form I”	Years of Experience	Principal’s Name: _____ Position: _____ Date Employed: _____ <input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida Registration No.: _____ State: _____ Registration Type: _____ Year Registered: _____ College Degree: _____ Major: _____

CCNA Category No(s). from “Form I”	Years of Experience	Personnel’s Name: _____ Position: _____ Date Employed: _____ <input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida Registration No.: _____ State: _____ Registration Type: _____ Year Registered: _____ College Degree: _____ Major: _____

CCNA Category No(s). from “Form I”	Years of Experience	Personnel’s Name: _____ Position: _____ Date Employed: _____ <input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida Registration No.: _____ State: _____ Registration Type: _____ Year Registered: _____ College Degree: _____ Major: _____

CCNA Category No(s). from “Form I”	Years of Experience	Personnel’s Name: _____ Position: _____ Date Employed: _____ <input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida Registration No.: _____ State: _____ Registration Type: _____ Year Registered: _____ College Degree: _____ Major: _____

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**Personnel Summary (Continued)**

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

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**Personnel Summary (Continued)**

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

CCNA Category No(s). from "Form I"	Years of Experience	Personnel's Name: _____
		Position: _____
		Date Employed: _____
		<input type="checkbox"/> Temporary or <input type="checkbox"/> Permanent in Florida
		Registration No.: _____ State: _____
		Registration Type: _____
		Year Registered: _____
		College Degree: _____
		Major: _____

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**14. 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						

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

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_

**17. 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**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Title**