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MIAMI-DADE COUNTY
ENGINEERING, ARCHITECTURAL, LANDACAPE ARCHITECTURAL AND SURVERYING AND MAPPING PROFESSIONAL SERVICES CERTIFICATION REQUEST QUESTIONNAIRE

(PLEASE COMPLETE ALL SECTIONS - DO NOT ALTER THIS FORM)

1. Federal Employer Identification Number (FEIN): _____

   Name of Firm: _____

   Address: _____

   Phone No: _____ Fax Number: _____

2. Name & Address of Parent Company (if appicable): _____

   _____

3. Name & Title of Contact Person: _____

4. Type of Firm: Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other ☐ _____

If a Corporation complete the following and <u>attach copy of certificate</u>:

a. Date incorporated: _____

b. State: _____

c. Date authorized in Florida: _____

d. President's Name: _____

If a Partnership complete the following:

a. Date organized: _____

b. Type: General ☐ Limited ☐ Other ☐ _____

c. Names of Partners: _____

_____

Secretary of State's Charter Number: _____

5. Department of Professional Regulation Certification(s):

   Engineering Business License No. _____ Exp. Date _____

   Land Surveyor Busines License No. _____ Exp. Date _____

   Architectural Business License No. _____ Exp. Date _____

   Landscape Architectural Business License No. _____ Exp. Date _____

   Geologist Business License No. _____ Exp. Date _____

   Degree (Bachelor's, Master's, Doctorate):

   Degree conferre: _____ In _____ Date _____

   (ATTACH A COPY OF EACH LICENSE/DEGREE ENTERED ABOVE)

6. Total Number of full-time technical personnel(non-registered) employed by your firm: _____

7. Total Number of full-time Florida registered **<u>and</u>** restricted professional personnel employed by your firm: _____

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS CERTIFICATION PACKAGE IS TRUE AND CORRECT AND THAT THIS FIRM IS DULY AUTHORIZED TO CONDUCT BUSINESS IN THE STATE OF FLORIDA AND POSSESSES THE EXPERTISE TO PERFORM THE WORK ASSOCIATED WITH THE REQUESTED CERTIFICATION CATEGORIES. I FURTHER CERTIFY THAT NEITHER THE FIRM NOR ANY OFFICER, DIRECTOR, EMPLOYEE OF THE FIRM, OR ANY OF ITS AFFILIATES, HAS BEEN CRIMINALLY OR CIVILLY CHARGED WITH ANTITRUST CRIMINAL ACTS UNDER STATE OR FEDERAL LAW WHICH INVOLVED FRAUD, BRIBERY, CONSPIRACY, ANTITRUST VIOLATIONS OR MATERIAL MISREPRESENTATION WITH RESPECT TO A PUBLIC CONTRACT.

_____ _____ _____

SIGNATURE (SEAL)* **TITLE** **DATE**

*State of Florida professional registration seal of signator