



MIAMI-DADE COUNTY

TECHNICAL CERTIFICATION (TC) APPLICATION FORM 1

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

1. Name of Firm: FEIN (Federal Employer Identification Number): Address: Telephone No.: Fax No.: Firm Email address:

2. Name of Parent Company (if applicable): Address:

3. Name & Title of TC Contact Person: TC Contact Person Email address:

4. Type of Firm: Corporation Partnership Sole Proprietorship Other Secretary of State's Charter Number (Certificate of Status):

5. Business Professional License (s): Engineering Business License No. Exp. Date Surveyors & Mappers Business License No. Exp. Date Architectural Business License No. Exp. Date Landscape Architecture Business License No. Exp. Date Geologist Business License No. Exp. Date Asbestos Business License No. Exp. Date

6. Certifying Agents Professional License: (Please indicate first initial and full last name) Engineering License Name & No. Exp. Date Surveyors & Mappers License Name & No. Exp. Date Architectural License Name & No. Exp. Date Landscape Architecture License Name & No. Exp. Date Geologist License Name & No. Exp. Date Asbestos License Name & No. Exp. Date

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 technical 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. If after executing this affidavit there are any changes in the information submitted, the undersigned agrees to immediately inform Miami-Dade County of such changes in writing. If at any time the Miami-Dade County has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the county may refer the matter to the state attorney's office and/or other investigative agencies. The county may initiate debarment and/or pursue other remedies in accordance with Miami-Dade County policy and/or applicable federal, state and local laws.

CERTIFYING AGENT SIGNATURE (SEAL)* PRINT NAME /TITLE DATE

* State of Florida professional registration seal of signator