



MIAMI-DADE COUNTY TECHNICAL CERTIFICATION CATEGORY FORM 2

(PLEASE DO NOT ALTER)

CATEGORY/SUB-CATEGORY NUMBER & TITLE:

Instructions: Provide a minimum of three (3) to a maximum of six (6) project references per category. All projects must be **completed** within the last ten (10) years of application date. Each technical duties description should be at least 3-4 sentences in length indicating enough detail regarding the services performed. As you enter information in the spaces below the form will automatically create additional pages. The information shall be type in Arial font 10 or higher.

Name of Employee and FL License No. (Qualifying Agent (s))	Name/Location of Project Start & Completion dates (year - year)	Description of Project	Technical Duties Performed
	<u>Project 1:</u>		
	<u>Project 2:</u>		
	<u>Project 3:</u>		
	<u>Project 4:</u>		
	<u>Project 5:</u>		
	<u>Project 6:</u>		

Professional Statement (if applicable):

I hereby certify that to the best of my knowledge the information contained in these forms is true and correct.

CERTIFYING AGENT SIGNATURE (SEAL)*
 *State of Florida professional registration seal of signator

PRINT NAME/TITLE

DATE