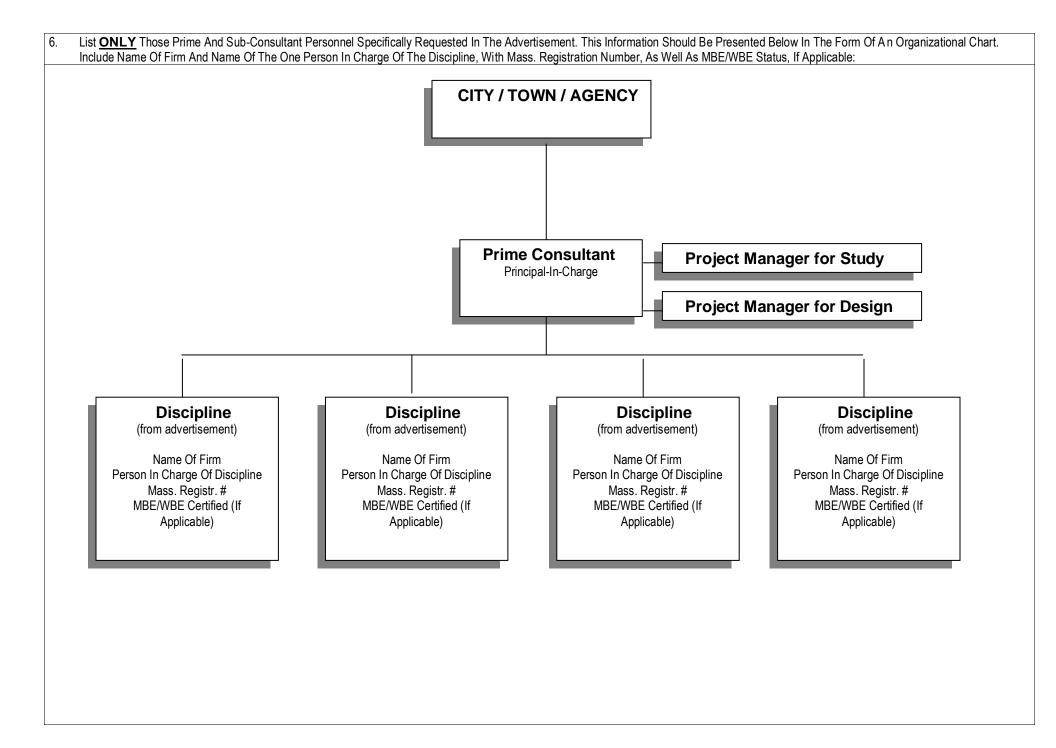
Commonwealth of Massachusetts	1. Project Name/Location For Which Firm Is Filir	ng: 2. Project #
Standard Designer Application Form for Municipalities and Public Agencies not within DSB Jurisdiction (Updated July 2016)		This space for use by Awarding Authority only.
3a. Firm (Or Joint-Venture) - Name and Ad	dress Of Primary Office To Perform The Work:	3.       Name Of Proposed Project Manager:         For Study:       (if applicable)         For Design:       (if applicable)
3b. Date Present and Predecessor Firms We	re Established:	3f. Name and Address Of Other Participating Offices Of The Prime Applicant, If Different From Item 3a Above:
3c. Federal ID #:		3g. Name and Address Of Parent Company, If Any:
3d. Name and Title Of Principal-In-Charge O Email Address: Telephone No:	f The Project (MA Registration Required): Fax No.:	3.       Check Below If Your Firm Is Either:         (1)       SDO Certified Minority Business Enterprise (MBE)         (2)       SDO Certified Woman Business Enterprise (WBE)         (3)       SDO Certified Minority Woman Business Enterprise (M/WBE)         (4)       SDO Certified Service Disabled Veteran Owned Business Enterprise (SDVOBE)         (5)       SDO Certified Veteran Owned Business Enterprise (VBE)
		son Only Once, By Primary Function Average Number Employed Throughout The Preceding 6         Total Number Holding Massachusetts Registrations):         Licensed Site Profs.       ()         Mechanical Engrs.       ()         Other       ()         Planners: Urban./Reg.       ()         Specification Writers       ()         Structural Engrs.       ()         ()       ()         Structural Engrs.       ()         ()       ()         Surveyors       ()         ()       Total
5. Has this Joint-Venture previously worked	together?	No No



7.	Brief Resume of ONLY those Prime Applicant and Sub-Consultant personnel requested in the Appersons listed on the Organizational Chart in Question #6. Additional sheets should be provided in the format provided. By including a Firm as a Sub-Consultant, the Prime Applicant certifies the	d only	as required for the number of Key Personnel requested in the Advertisement and they must be
a.	Name and Title Within Firm:	al ine a.	Name and Title Within Firm:
b.	Project Assignment:	b.	Project Assignment:
С.	Name and Address Of Office In Which Individual Identified In 7a Resides:       MBE       Image: Control of the second sec	C.	Name and Address Of Office In Which Individual Identified In 7a Resides:       MBE       Image: Constraint of the second
d.	Years Experience: With This Firm: With Other Firms:	d.	Years Experience: With This Firm: With Other Firms:
e.	Education: Degree(s) /Year/Specialization	e.	Education: Degree(s) /Year/Specialization
f.	Active Registration: Year First Registered/Discipline/Mass Registration Number	f.	Active Registration: Year First Registered/Discipline/Mass Registration Number
g.	Current Work Assignments and Availability For This Project:	g.	Current Work Assignments and Availability For This Project:
h.	Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):	h.	Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):

a.	But Not More Than 5 Projects). Project Name And Location Principal-In-Charge	b. Brief Description Of Project And	C. Client's Name, Address And Phone	d. Completion	e. Project Cost (In Thousands)	
		Services (Include Reference To Relevant Experience)	Number (Include Name Of Contact Person)	Date (Actual Or Estimated)	Construction Costs (Actual, Or Estimated If Not Completed)	Fee for Work for Which Firm Was Responsible
)						
2)						
-,						
;)						
4)						
(5)						

8b. Sut	Consultant). Use Additional Shee	as Only AS Required For The Number Of Sub-	Consultants Requested In The Advertisement.			
a.	Project Name and Location	b. Brief Description Of Project and	c. Client's Name, Address And Phone	d. Completion	e. Project Cost (In Thousands)	
	Principal-In-Charge	Services (Include Reference To Relevant Experience	Number. Include Name Of Contact Person	Date (Actual Or Estimated)	Construction Costs (Actual, Or Estimated If Not Completed)	Fee For Work For Which Firm Was/Is Responsible
(1)						
(2)						
(3)						
(4)						
(5)						

# of Total Projects:		# of Active Projects:	Total Construction Cost (In Thousands) of Active Projects (excluding studies):					
Role P, C, JV	Phases St., Sch., D.D., C.D.,A.C.*	Project Name, Location and Principal-In-Charge	Awarding Authority (Include Contact Name and Phone Number)	Construction Costs (In Thousands) (Actual, Or Estimated If Not	Completion Date (Actual or Estimated (R)Renovation or (N)New			
		1.						
		2.						
		3.						
		4.						
		5.						
		6.						
		7.						
		8.						
		9.						
		10.						
		11.						
		12.						

\* P = Principal; C = Consultant; JV = Joint Venture; St. = Study; Sch. = Schematic; D.D. = Design Development; C.D. = Construction Documents; A.C. = Administration of Contract

<ol> <li>Use This Space To Provide Any Additional Information Or Description Of Resources Supporting The Qualifications Of Your Firm And That Of Your Sub-Consultants For The Proposed Pull Needed, Up To Three, Double-Sided 8 ½" X 11" Supplementary Sheets Will Be Accepted. <u>APPLICANTS ARE ENCOURAGED TO RESPOND SPECIFICALLY IN THIS SECTION TO AREAS OF EXPERIENCE REQUESTED IN THE ADVERTISEMENT</u>.</li> </ol>								
	Be Specific	– No Boiler Plate						
11.	Professional Liability Ins	surance:						
	Name of Company		Aggregate Amount		Policy Number		Expiration Date	
12.				ssional Liability Claims (ii Client(s), and an explana			and in excess of \$50,0	000 per incident? Answer
13.	Name Of Sole Proprieto	or Or Names Of All Firr	n Partners and Officers:					
	Name a. b. c.	Title	MA Reg #	Status/Discipline	Name d. e. f.	Title	MA Reg #	Status/Discipline
14.	If Corporation, Provide							
	Name a. b. c.	Title	MA Reg #	Status/Discipline	Name d. e. f.	Title	MA Reg #	Status/Discipline
15.	Names Of All Owners (	Stocks Or Other Owne	rship):					
	Name And Title a. b. c.	% Ownership	MA. Reg.#	Status/Discipline	Name And Title d. e. f.	% Ownership	MA. Reg.#	Status/Discipline
16. I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. I further certify that this firm is a "Designer", as that t Section 44 of the General Laws, or that the services required are limited to construction management or the preparation of master plans, studies, surveys, soil te The information contained in this application is true, accurate and sworn to by the undersigned under the pains and penalties of perjury.								
	Submitted by (Signature) <sup>–</sup>				Printed Name and Title			Date