

A/E ELIGIBILITY REQUIREMENT
Summary of Qualifications and Experience

ORGANIZATIONAL INFORMATION

Date Submitted: _____

1. _____
 Firm Name Area Code/Telephone Number
- _____ _____
 Street Address/City/State/ZIP Year Established

2. Organization Structure:

- Individual Partnership Trust Corporation Other _____

3. Does your firm qualify as a Woman Owner or Minority Owned Business?

- Woman Owned (WBE) Minority Owned (MBE) Both (W/MBE)

If so, please attach the State Office of Minority Business Assistance (SOMBA) Certification.

4. Firm Officers, Partners, Principals and their respective titles, disciplines and current or previous Massachusetts registration numbers. Use parenthesis to indicate registration numbers no longer in effect.

<u>Name</u>	<u>Title</u>	<u>Mass Reg #</u>	<u>Discipline</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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5. If a Corporation, list all of the members of the Board of Directors, their percentage of stock ownership and, where applicable, their Massachusetts registration numbers.

<u>Name</u>	<u>Percent Stock</u>	<u>Mass Reg #</u>
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____
_____	_____ %	_____

6. List the names and addresses of all persons having a financial interest in the firm. (If a Corporation, list only persons having more than 5% of the capital stock.)

<u>Name</u>	<u>Address/City/State/ZIP</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Print Name and Title

Date