

PROFESSIONAL CAPABILITIES

Date Submitted: _____

1. _____
Firm Name

Street Address City/State/ZIP

2. Categories of work undertaken by firm. Use * to indicate by consultants in ().

- () Architecture – New Construction
- () Architecture – Renovation
- () Landscape Architecture
- () HVAC Engineering
- () Plumbing Engineering
- () Electrical Engineering
- () Structural Engineering
- () Other: _____

3. Full-time personnel in your firm. Indicate the total number in each discipline, and within brackets, the number within that total holding Massachusetts registrations.

| | | | |
|-------------------------|-----------|-------------------------|-----------|
| Admin Personnel | _____ () | Interior Designers | _____ () |
| Architects | _____ () | Landscape Architects | _____ () |
| Acoustical Engrs. | _____ () | Licensed Site Profs. | _____ () |
| Civil Engrs. | _____ () | Life Safety Code Engrs. | _____ () |
| Code Specialists | _____ () | Mechanical Engrs. | _____ () |
| Construction Inspectors | _____ () | Planners | _____ () |
| Cost Estimators | _____ () | Sanitary Engrs. | _____ () |
| Drafters | _____ () | Soil Engrs. | _____ () |
| Ecologists | _____ () | Specification Writers | _____ () |
| Electrical Engrs. | _____ () | Structural Engrs. | _____ () |
| Energy Specialists | _____ () | Surveyors | _____ () |
| Environmental Engrs. | _____ () | Transportation | _____ () |
| Fire Protection Engrs. | _____ () | Writers | _____ () |
| Geotech. Engrs. | _____ () | Other | _____ () |
| HVAC Engrs. | _____ () | Other | _____ () |
| Industrial Hygienists | _____ () | Total Personnel | _____ () |

4. Outside Consultants with which your firm has a working relationship.

| <u>Firm</u> | <u>Discipline</u> |
|-------------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Signature Date

Printed Name/Title