



Architect, Engineer, & Related Services Annual Certification Form

Nebraska Department of Roads • Planning & Project Development Division • Attn: Agreements Engineer
1500 Hwy 2 • PO Box 94759 • Lincoln NE 68509-4759

DEPT. USE ONLY

Contractor No.:

Purpose:

The policy of the State of Nebraska in procuring architectural, engineering and related professional services, is to consider for such work only firms which are certified to complete such services. This form is provided for that purpose. Interested firms must complete and submit this form to the Nebraska Department of Roads Agreements Engineer at the address above.

Instructions:

Standard Work Categories:

Please indicate the type(s) of work your firm is interested in doing in Nebraska by placing a checkmark in the appropriate box or boxes.

Numbers below correspond to numbers contained on the form. **Please type all information.**

1. Submitting firm, address and zip code.
 - a. Indicate whether this form is being submitted on behalf of a parent firm or a branch office. (Branch office submissions must list only personnel in, and experience of, that office.)

b. Firm's Federal Identification Number, or Social Security Number in absence of Federal I.D. No.

2. Date the firm was established under the name shown in item 1.
3. Type of ownership, or legal structure, of the firm (sole proprietor, partnership, corporation, joint venture, etc.)
 - a. Certified Disadvantaged Business Enterprise.
4. Branches or subsidiaries of larger or parent companies, or conglomerates, should insert the name and address of the highest tier owner.

Note: If the present firm is the successor to, or outgrowth of, one or more predecessor firms, show the name(s) of former entity(ies) and the year(s) of their original establishment.

5. Name, title, email address, telephone, and FAX number of two principals from the submitting firm who may be contacted by the state. Listed principals must be empowered to speak for the firm on policy and contractual matters.

6. Names, locations and total number of personnel for headquarters and branch offices.

7. Total number of employees, by discipline, in the submitting office. While some personnel may be qualified in several disciplines, each person should be counted only once in accordance with his or her primary function. Include clerical personnel as "administrative." Write in any additional disciplines -- sociologists, biologists, etc., and the number of people for each in the spaces provided.

8. This completed form must be signed and dated by a principal of the firm.

Note: Additional data, brochures, photos, etc., should not accompany this form unless specifically requested.

The Agreements Engineer will determine the firm's eligibility for certification and acknowledge in writing within 30 days certification of the firm or the reasons for denial.

Standard Work Categories

Professional Services

- 100 Corridor Studies
- 101 Environmental Studies
 - A. NEPA Studies
 - B. Other Environmental Studies
- 102 Transportation Planning
- 103 Traffic Operation Studies
- 104 Traffic Operation Design
- 105 Highway Design - Major
 - A. Rural
 - B. Urban
- 106 Highway Design - Minor
 - A. Rural
 - B. Urban

- 107 Bridge Design
 - A. Major
 - B. Minor
- 108 Railroad Design
- 109 Construction Inspection
 - A. Bridge
 - B. Roadway
 - C. Traffic Control Devices
 - D. Railroad Construction and Improvement Projects
- 110 Building Design and Inspection
- 111 Electrical and Mechanical Design
- 112 Railroad Planning
- 113 Intelligent Transportation Systems (ITS)

Support Services

- 200 Aerial Photography
- 201 Aerial Photogrammetry
- 202 Engineering Surveying
- 203 Geodetic Surveying
- 204 Land Surveying
- 205 Materials Testing
- 206 Bituminous Design
 - A. Surfacing
 - B. Resurfacing
- 207 Geological Studies
- 208 Bridge
 - A. NBIS Bridge Inspections
 - B. Load Rating
- 209 Hydraulic and Hydrologic Studies

Other Categories Not Listed:

- 300 _____
- 301 _____
- 302 _____
- 303 _____
- 304 _____

1. Firm Name and Address:

1a. Submittal is for:

Parent Company Branch

1b. Federal I.D. No. or Social Security No.:

Name of Firm:

| | | |
|---------------------------------------|-----------------------|--|
| 2. Year Present Firm Was Established: | 3. Type of Ownership: | 3a. Certified Disadvantaged Business Enterprise: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------|-----------------------|--|

4. Name of Parent Company: *(If not in 1. above)*

5. Name, Title, Email Address, Telephone, and FAX Number of Principals to Contact:

(1)

(2)

6. Present Offices: *(City, State and number of personnel in each office)*

7. Personnel by Discipline: *(Submitting Office)*

| | | | |
|-------------------------------|-------------------------------------|--------------------------------|---|
| Administrative | Economists | Interior Designers | Surveyors, RLS |
| Architects | Electrical Engineers | Landscape Architect | Systems Engineers |
| Biologists | Engineering Technicians/Aides | Mechanical Engineers | Transportation Engineers |
| Chemical Engineers | Environmental Scientists | Planners: Urban/Regional | |
| Civil Engineers | Estimators | Sanitary Engineers | |
| Construction Inspectors | Geologists | Social Scientists | |
| Drafters | Hydrologists | Soils Engineer | Total Personnel in Submitting Office |
| Ecologists | Instrument/Rod/Chain Persons | Structural Engineers | |

| | | |
|--|-----------------------|-------|
| 7. The foregoing is a statement of facts. <i>(Signature)</i> | Typed Name and Title: | Date: |
|--|-----------------------|-------|