



**APPLICATION FOR QUALIFICATION CERTIFICATE
FOR ARCHITECTS, ENGINEERS, AND
OTHERS PERFORMING PROFESSIONAL SERVICES**

State Form 2283 (R9 / 12-22)

____ NEW
____ RENEWAL

PUBLIC WORKS DIVISION
402 WEST WASHINGTON STREET, ROOM W462
INDIANAPOLIS, INDIANA 46204-2642

CERTIFICATION BOARD
INDIANA DEPARTMENT OF ADMINISTRATION

Submitted by:

FIRM NAME _____

STREET ADDRESS (*number and street*) _____

MAILING ADDRESS (*number and street or PO Box*) _____

CITY _____ STATE _____ ZIP CODE _____

AREA CODE AND TELEPHONE NUMBER _____

FAX NUMBER _____

DATE SUBMITTED (*month, day, year*) _____

FEDERAL IDENTIFICATION NUMBER _____

E-MAIL ADDRESS _____

PREQUALIFICATION

The provisions of I.C. 4-13.6-4-2 requires that, "all persons desiring to perform professional services relating to a Public Works project must apply to the Board for qualification". Professional services means the services of: (1) a registered architect; (2) a licensed engineer; (3) a person who performs services or studies that: (A) relate to the design or feasibility of a building, structure, or improvement; and (B) are recognized in the industry as professional in nature. Prequalification is given for the services in which the Board anticipates a Public Works requirement.

These requirements apply to those firms wishing to perform professional services for the State of Indiana with the exception of highways, bridges, state colleges, universities or separate entities not subject to the Department of Administration, Public Works Division's approval.

Please note that this application form may change from time to time. Be sure to check all sections carefully for full compliance with the Certification Board's requirements and that the application form is current. Incomplete applications will be denied until all portions are completed to the Board's satisfaction. Applications will be reviewed by the Certification Board within forty-five days after receipt of application.

The classification of architects and engineers shall be made only after careful examination and evaluation of those materials submitted to the Executive Secretary and Board members of the Certification Board. Consideration is given to those types of design work engaged in by the applicant and to the backgrounds of those individuals performing such work. No architectural or engineering firm will be qualified to perform architectural or engineering functions for the State of Indiana unless a different Indiana registered architect or professional engineer experienced in each such area is employed by the firm on a full-time basis of at least 30 hours per week. Adequate experience in each discipline including buildings of the types common to the State's needs must be shown before the Board can favorably act on any classification.

The Certificate of Prequalification indicates an expiration date. Certificate renewals will be subject to the Rules and Regulations in effect at the expiration of the certificate period.

1. Home Office

Name: _____

Street: _____ City: _____

State: _____ ZIP: _____ Telephone: _____

Submittal is for: Parent Firm: _____ Subsidiary: _____

2. Please List All Indiana Branch Offices

Address	Telephone	Individual In Charge

3. Type of Organization (*Check one*)

____ Individual ____ Partnership ____ Corporation ____ Other - *if any*

Please explain: _____

Please select any applicable specialty business types as registered with the Division of Supplier Diversity (*Check one if applicable*)

____ Minority Business Enterprise

____ Indiana Veteran Owned Small Business

____ Woman Business Enterprise

____ Other (Please Specify)

4. Please List All Former Firm Names

Company Name

5. Please List All Principals, Officers and Associates and percentage of ownership

Name	Role / Title	Ownership Percentage

6. Liability Protection

Is "Errors and Omissions" Liability Insurance presently carried?

___Yes ___No

If "Yes", indicate limits _____

If "No", would you carry such if awarded a contract for performance of professional services for the State of Indiana?

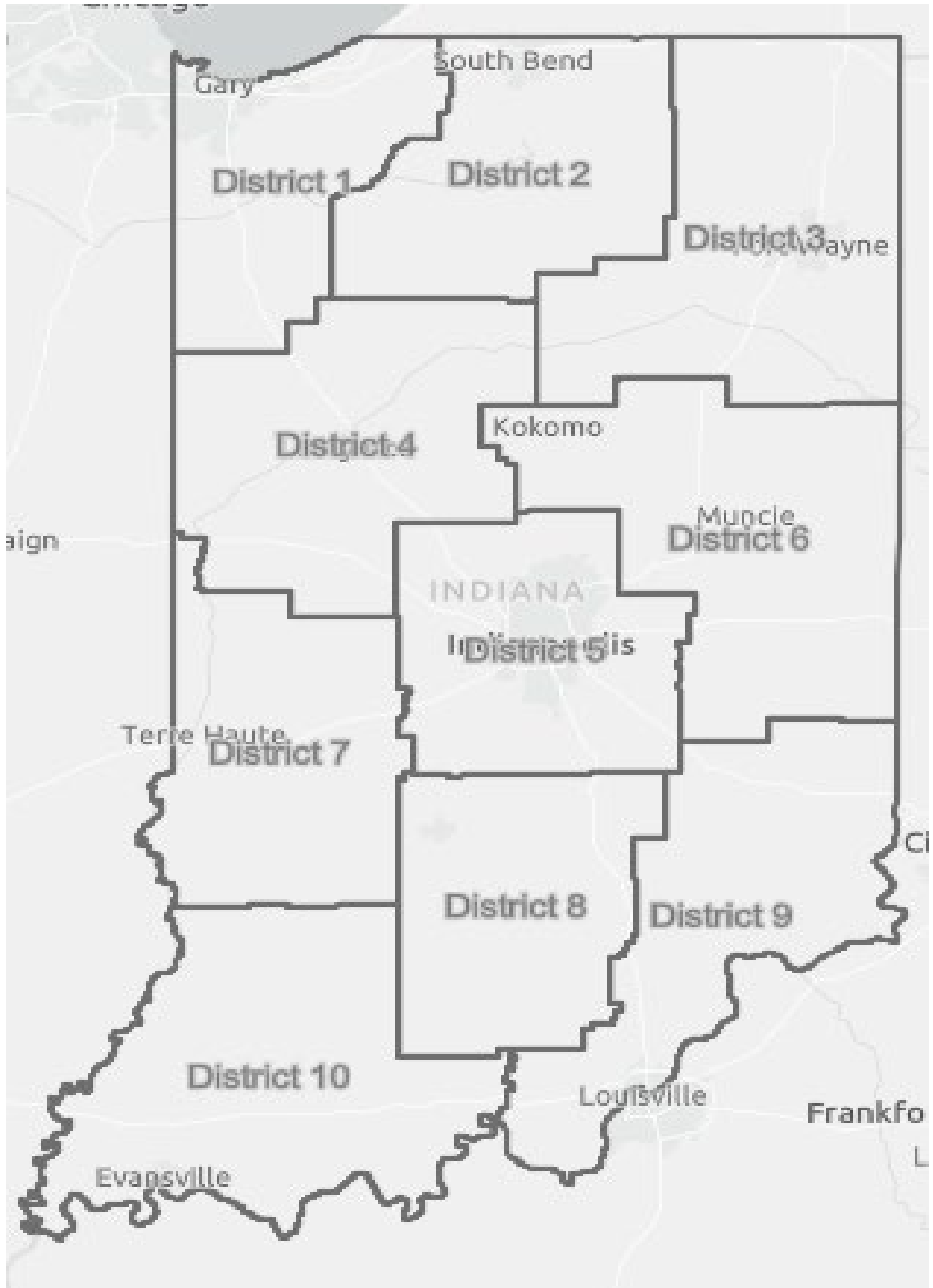
___Yes ___No

7. Brief Descriptive History of the Firm (*Attach additional page, if required.*)

8. Foreign (out of State) corporations must attach here a copy of their certificate from Indiana Secretary of State's office authorizing them to do business in the State of Indiana.
9. Please see the following district map and mark which districts your firm is prepared to do business in.

District 1	District 2	District 3	District 4	District 5

District 6	District 7	District 8	District 9	District 10



10. Services Performed by Licensed Professionals

Indicate the specialties in which your firm has full-time professionals licensed in the State of Indiana. An individual may only be listed in a maximum of four (4) specialties. Identify these individuals in Table I. Multiple listees need only supply complete information in the first listing. Table II correlates with Table I and requires each individual to show experience in the requested specialty. Give the construction cost of the specialty and not the entire project cost in Table II.

TABLE I - LICENSED PROFESSIONALS

SPECIALIZATION	IN. REG. NUMBER	NAME	DEGREE	YEAR	COLLEGE
Architectural (Institutional)					
Architecture (General)					
Landscape Architecture					
Civil Engineer Site Development and Road Design					
Structural Engineer Buildings and/or Bridges					

TABLE I (CONTINUED)

SPECIALIZATION	IN REG. NUMBER	NAME	DEGREE	YEAR	COLLEGE
Geotechnical Engineer					
Sanitary Engineer Water Supply, Waste Water Treatment and On-Site Disposal					
Environmental Engineer Landfills and Hazardous Material Disposal					
Mine Reclamation Engineer					
HVAC Engineer					
Plumbing Engineer					
Refrigeration Engineer					
Electrical Engineer					
Land Surveying					

TABLE II - EXPERIENCE OF LICENSED PROFESSIONALS

SPECIALIZATION	NAME	THREE MOST SIGNIFICANT PROJECTS AS THE PROJECT MANAGER YEAR, DESCRIPTION, AND LOCATION	CONSTR. COST
Architecture (Institutional)			
Architecture (General)			
Landscape Architect			
Civil Engineering Site Development and Road Design			
Structural Engineer Buildings and or Bridges			

TABLE II (CONTINUED)

SPECIALIZATION	NAME	THREE MOST SIGNIFICANT PROJECTS AS THE PROJECT MANAGER YEAR, DESCRIPTION, AND LOCATION	CONSTR. COST
Geotechnical Engineer			
Sanitary Engineer Water Supply, Waste Water Treatment and On-Site Disposal			
Environmental Engineer Landfills and Hazardous Material Disposal			
Mine Reclamation			
HVAC Engineer			
Plumbing Engineer			
Refrigeration Engineer			
Electrical Engineer			
Land Surveying			

11. Other Services

Select from the following list of recognized professional services those categories which your firm provides. Document in Table III the qualifications of the individuals who perform each particular service. Practice in these specialties shall be documented in Table IV.

NOTE: Certificate from IDEM required for Asbestos Assessment.

Asbestos Assessment	Dam Inspection	Interior Design**
Acoustics	Fire Protection Eng.*	Photogrammetry
Construction Management	Food Service Consultant	Tank Corrosion Consultant
of Institutional Arch.	Geologist	Underground Storage Tanks
Construction Inspection of	Cost Estimating	Scheduling of Institutional Arch.
Institutional Architecture	Elevator Consulting	Energy Audit*
Wetland and Prairie Restoration		Artisan
*P.E. license required		Facilities Administration
**Requires listing on IPLA registry of Interior Designers		

TABLE III - QUALIFICATIONS

CATEGORY	INDIVIDUAL	QUALIFICATIONS

TABLE IV - HISTORY

INDIVIDUAL	THREE MOST SIGNIFICANT PROJECTS	CATEGORY PROJECT COST

Numerical Summary of Personnel

If a particular person serves more than one category, do not duplicate but list in main category.

	INDIANA OFFICE(S)	OUT-OF-STATE
Architects		
Landscape Architects		
Civil Engineer		
Structural Engineer		
Geotechnical Engineer		
Sanitary Engineer		
Environmental Engineer		
Mine Reclamation Engineer		
HVAC Engineer		
Plumbing Engineer		
Refrigeration Engineer		
Electrical Engineer		
Land Surveyors		
Graduate Non-Licensed		
Engineers and Architects		
Drafting		
Clerical		
Other		
TOTALS		

CERTIFICATION BOARD - PREQUALIFICATION
AFFIDAVIT, AUTHORIZATION FOR
RELEASE OF INFORMATION AND
AFFIRMATION OF TRUTHFULNESS
OF INFORMATION

STATE OF)

COUNTY OF) SS:
)

The undersigned, being duly sworn, deposes and says:

1. That I am empowered to authorize the release of information pertaining to the following firm:

2. That any firm, corporation, or business entity having business transactions with the above applicant firm is hereby authorized to release any and all information their possession to any person named by the Certification Board.
3. That I have read the foregoing application and under the penalties for perjury, I affirm that the information contained within said application herein submitted to be true and complete.

Signature

Applicant Firm

(Printed name and title of Signatory)

Before me a Notary Public in and for said county and state personally appeared

this _____ day of _____, 20____ who acknowledged the foregoing.

Notary Public Signature

Notary Public Printed Name

County of Residence

My Commission Expires *(month, day, year)*

(Seal)