

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 ().

- | | |
|--|--|
| <input type="checkbox"/> () Architecture – New Construction | <input type="checkbox"/> () Architecture – Renovation |
| <input type="checkbox"/> () Landscape Architecture | <input type="checkbox"/> () HVAC Engineering |
| <input type="checkbox"/> () Plumbing Engineering | <input type="checkbox"/> () Electrical Engineering |
| <input type="checkbox"/> () Structural Engineering | <input type="checkbox"/> () 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 Engineers	_____ ()
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