

I. Information Section

Firm Name: _____

Please check as applicable:

Corporation
Limited Liability Company

Partnership
Sole Proprietorship

Mailing Addresses:

Primary Location:

Firm Name: _____
Primary Contact: _____
Street Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email Address: _____
Website: _____

Other Location:

Firm Name: _____
Primary Contact: _____
Street Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email Address: _____

Other Location:

Firm Name: _____
Primary Contact: _____
Street Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email Address: _____

List of current owners or officers and their titles:

Name:

Title:

_____	_____
_____	_____
_____	_____
_____	_____

2. Technical Expertise Section

Number of professional engineers certified in Wisconsin & permanently employed by the firm: _____

Please list the types of professional services your firm has provided and the entities for which services have been rendered:

Engineering discipline	Years of experience	List entities for which firm has provided this type of services
Bridges		
Civil engineering, general		
Construction management		
Dam design / repairs		
Dam failure modeling		
Dam inspections		
Environmental engineering		
Geological / geotechnical		
Hydrology and hydraulics		
Mechanical engineering		
Monitoring		
Structural engineering		
Surveying		
Wastewater treatment		
Other (specify)		
Other (specify)		

*Projects completed while employed by other firms prior to starting my own business.

Please list major dam related projects completed by the firm:

Year completed	Type of work	Contractual amount	% of work completed by firm	Reference (name of person to be contacted)	Phone No. & email address

Print your full name to digitally sign this form: _____ Date (mm/dd/yyyy): _____

Title: _____