



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.

1. Firm Name and Address of Primary Office.

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 Primary Contacts.

6. Office 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 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: The Agreements Engineer will determine the firm's eligibility for certification and acknowledge by email 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 Requires additional submittal. Requirements located at: www.nebraskatransportation.org/rfp

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

210 ROW Design

A. Land Ownership Research

B. Right of Way Plans

C. Legal Description and/or Plats

211 Public Involvement

212 Value Engineering

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

5. Primary Contacts:

(1) Name	Title	Email Address	Telephone	Fax
2) Name	Title	Email Address	Telephone	Fax

6. Other Locations:

City	State	Number of Personnel
City	State	Number of Personnel

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

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

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