



WASHINGTON STATE PARKS & RECREATION COMMISSION
PARKS DEVELOPMENT SERVICE CENTER

CONSULTANT ROSTER INFORMATION FORM

**Completed form must be included in your submittal.
*Required information.**

*FIRM NAME:		
*CONTACT NAME AND POSITION:		
*MAILING ADDRESS:		
*CITY:	*STATE:	*ZIP CODE
*E-MAIL ADDRESS:	*PHONE:	*FAX:
*UNIFIED BUSINESS IDENTIFIER (UBI):	WASHINGTON MWBE CERTIFICATE #:	
CERTIFIED VETERAN-OWNED BUSINESS:	WEB PAGE ADDRESS (OPTIONAL):	

****Please check all areas your firm is submitting for:**

- ADA Consulting
- Architect
- Bridges
- Building Condition Assessment
- CAD Drafting
- Civil Engineer
- Constructability Review Consultant
- Construction Project Management
- Construction Testing & Inspection
- Cost Estimator
- Electrical Engineer
- Historical Preservation
- HVAC
- Professional Land Surveyors
- Landscape Architect

- Lighting Interior & Exterior
- Master / Site Planning
- Mechanical Engineer
- Planner / Urban Design
- Rehabilitation (Buildings, Structures, Facility)
- Roofing / Envelope
- Sanitary Engineer
- Septic / Sewer Design
- Geo-Tech Engineer including Soils, Hydrology
- Storm Water Handling & Facilities
- Storm Water Management
- Structural Design, Special Structures
- Structural Engineer
- Underground Utilities / Subsurface Investigation
- Wastewater Treatment, Design & Management
- Marine Engineering

Professional Licenses and Endorsements

List each stamp/seal license number that is applicable to specialties selected.

Firm (If licensed as a firm, not an individual)

FIRM LICENSE #:	FIRM TYPE: <input type="checkbox"/> Engineer/Land Surveying <input type="checkbox"/> Architect
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Architect

LICENSE #:	NAME:
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Engineer

LICENSE #:	NAME:
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Endorsements: Civil Electrical Marine Mechanical Sanitary

Structural Engineer

LICENSE #:	NAME:
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Land Surveyor

LICENSE #:	NAME:
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Landscape Architect

LICENSE #:	NAME:
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