



1. Firm Information

FIRM NAME	TELEPHONE NO.	YEAR ESTABLISHED
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If the firm has an office or is principally located in Massachusetts, fill out the following:

ADDRESS	CITY, STATE, ZIP
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If the firm is principally located out of state, fill out the following:

ADDRESS	CITY, STATE, ZIP
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Mark an "X" in the appropriate box for each column:

2. Organizational Structure

<input type="checkbox"/> Individual
<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation
<input type="checkbox"/> Other:

3. Does your firm qualify as a SDO or SDP Certified Enterprise (CE)?

<input type="checkbox"/> Yes	<input type="checkbox"/> Woman Owned
<input type="checkbox"/> No	<input type="checkbox"/> Minority Owned

4. Firm officers, partners, principals and their respective titles, disciplines, and current or previous Massachusetts registration numbers. Use parentheses to indicate registration numbers no longer in effect.

NAME	TITLE	MASS. REG. NO.	DISCIPLINE

5. If a corporation, list all of the members of the Board of Directors, their percentage of stock ownership and, where applicable, their Massachusetts registration numbers.

NAME	MASS. REG. NO.	% STOCK



6. List the names and addresses of all persons having a financial interest in the firm. (If a corporation, list any persons having more than 5% of the capital stock.)

NAME	ADDRESS	CITY, STATE, ZIP
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7. Professional Liability Insurance

NAME OF COMPANY	AGGREGATE AMOUNT	POLICY NUMBER	EXPIRATION DATE

8. ATTEST

a) I am familiar with the Massachusetts State Building Code and with MGL Chapter 149, Sections 44A-H, and Chapter 30, Section 39M.

b) The foregoing statements and all statements in the Summary of Qualifications and Summary of Experience, under penalty of perjury, are true.

Signature

Print Name and Title

Seal Of Registration _____
Date