

# CCNA CERTIFICATION WITH PALM BEACH COUNTY

## APPLICATION CHECKLIST

### General

- Final Application should be in PDF format *(all forms and backup)*
- Minimum **10 pt font** used throughout
- **Forms I and 10-1.10** Complete
- **Name and contact info** complete on Form I page 1 *(use full legal name of firm as shown on Sunbiz)*
- Company **Name on Form I page 2**
- Form I **signed and dated**
- Provide copies of **professionals' licenses** with the state of **Florida**. Verify that all are current and in good standing.
- Provide copy of **Sunbiz information**
- **Firm Info** Items complete on Form 10-1.10
- Firm Info items **match Sunbiz** information and website. If not, add footnote to explain.
- Is firm **planning to submit for an RFP** with the County soon? If so, note when submitting and let us know what the RFP due date is.

### Licensed Personnel

- A **Florida licensed Professional Engineer** is required to be listed for each example for all categories in groups 2, 3, 4, 8, 9, 10, 11 and 12
- A **Florida licensed Professional Engineer and/or Geologist** is required to be listed for each example for all categories in group 6
- A **Florida licensed Professional Land Surveyor** is required to be listed for each example for all categories in group 5
- A **Florida licensed Architect** is required to be listed for each example for category 7.01-7.05
- A **Florida licensed Landscape Architect** is required to be listed for each example for category 7.06

## Project Examples

- **Each project only listed once** (*multiple categories can be assigned to each example*)
- Experience (*past/present*): Are **at least 5 examples given for each category** checked on Form I? (*the five examples can be split between past/present*)
- Project descriptions detail which part of **project was completed by the current employee**.
- **Project descriptions detailed enough** to determine if category is applicable. (*i.e. does description reference work done to backup certification category*)
- List all FL licensed professionals on **Employees Listing**. Only current employees of the firm with valid FL licenses are eligible as backup for certification.
- Experience examples recent (*prefer examples from previous 10 years*)

## Notes

- Feel free to **add notes** to the application to clarify any item
- Project **description text must be legible** (*min 10 pt font*)
- Include **sufficient detail** in your experience descriptions for us to see that the experience does indeed match the CCNA certification category.
- Most projects have multiple consultants, please describe only the work done by your firm.
- **Additional information** such as resumes, marketing info, etc is welcome to supplement the application, but will not replace it.
- The application forms must be completed without referencing any extra documentation. Additional documentation is not a substitute for completing Form 10-1.1.
- Only list professional Florida licensed personnel who are available to work on Palm Beach County projects in your application (unless category does not require a license).
- Email Forms I and 10-1.10 and backup information to Holly Knight at [hknight@pbc.gov](mailto:hknight@pbc.gov) or mail a hardcopy to Palm Beach County Engineering and Public Works, Roadway Production Division, Attn: Contracts Section, 2300 N. Jog Road 3<sup>rd</sup> Floor West, West Palm Beach, FL 33411.
- If you need a certification approved quickly to be eligible for an RFP submittal, please let us know the RFP deadline.

- It is recommended that you apply for only the categories which are immediately needed, and then resubmit later to add additional categories.
- This certification is only for those professional services that fall under the Florida CCNA Statute
- SBE certification with Palm Beach County is a separate certification.
- Information regarding SBE certification with Palm Beach County and the SBD Ordinance can be obtained from the PBC Office of Small Business Development (OSBD).
- Any update to a certification will completely replace any information currently on file. Updates should include backup for all categories in which the applicant wishes certification.
- CCNA Certification, SBE Certification (OSBD), and VSS Registration are completely separate items. This application is only for CCNA Certification with Palm Beach County.

**Firm Should Update Certification:**

- Annually
- When requested by PBC
- When conditions alter to either increase or decrease the firm's capabilities
- Any time significant personnel changes or capabilities which may affect work category qualifications
- Contact Information can be updated informally, however no new Form I: Notice of Professional Consultant Certification will be issued without a full update submittal.

# NOTICE OF PROFESSIONAL CONSULTANT CERTIFICATION *Form I*

## Certification

In accordance with established procedures, the Deputy County Engineer on \_\_\_\_\_ certified that you are qualified to provide consulting services to Palm Beach County in the categories of work checked below. Notice of certification is NOT notice of selection.

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

### **1. TRANSPORTATION PLANNING**

- 1.01 Urban Area and Regional Transportation Planning
- 1.02 Aviation Systems Planning
- 1.03 Airport Master Planning
- 1.04 Waterways and Ports Planning
- 1.05 Mass and Rapid Transit Planning
- 1.06 Alternate Systems and Corridor Location Planning
- 1.07 Environmental Studies
- 1.08 Attitude, Opinion and Community Value Studies

### **2. MASS TRANSIT OPERATIONS**

- 2.01 Experimental Systems Research and Development including Demonstration
- 2.02 Airport Design and Operation
- 2.03 Port and Waterway Design and Operation
- 2.04 Mass and Rapid Transit Design and Operation

### **3. HIGHWAY DESIGN ROADWAY**

- 3.01 Two-lane or Multi-lane Rural Generally Free Access Highways Design
- 3.02 Two or Multi-Lane with Curb and Gutter, Generally free Access Highways Design, Inc. Storm Sewers
- 3.03 Multi-lane Rural, Limited Access Expressway Type Highway Design
- 3.04 Pre-Design Engineering Studies and Design of Urban Expressway and Urban Interstate
- 3.05 Traffic Operations Studies
- 3.06 Traffic Operations Design
- 3.07 Traffic Control Sys Analysis, Design/Implementation

### **4. HIGHWAY DESIGN BRIDGES**

- 4.01 Minor Bridges Design
- 4.02 Major Bridges Design
- 4.03 Movable Span Bridge Design

### **5. TOPOGRAPHY**

- 5.01 Land Surveying
- 5.02 Engineering Surveying
- 5.03 Geodetic Surveying
- 5.04 Aerial Photography
- 5.05 Aerial Photogrammetry
- 5.06 Remote Sensing
- 5.07 Cartography

### **6. SOILS, FOUNDATIONS & MATERIALS TESTING**

- 6.01 Geological and Geophysical Studies
- 6.02 Bridge Foundation Studies
- 6.03 Pile Foundation Studies
- 6.04 Hydraulic and Hydrologic Studies
- 6.05 Soil Treatment
- 6.06 Materials Testing

### **7. ARCHITECTURAL**

- 7.01-05 Architect
- 7.06 Landscape Architecture
- 7.07 Threshold Inspection

**NOTICE OF PROFESSIONAL CONSULTANT CERTIFICATION** *Form I*

**8. MECHANICAL ENGINEERING**

- 8.01 Waste Water Treatment Systems
- 8.02 Waste Water Collection Systems
- 8.03 Water Supply Treatment Systems
- 8.04 Water Distribution Systems
- 8.05 Heating Systems
- 8.06 Cooling Systems
- 8.07 Specialized Design

**9. ELECTRICAL ENGINEERING**

- 9.01 Institutional Facilities
- 9.02 Recreational Facilities
- 9.03 Industrial Facilities
- 9.04 Residential Facilities
- 9.05 Highway Lighting

**10. STRUCTURAL ENGINEERING**

- 10.01 Institutional
- 10.02 Recreational
- 10.03 Industrial
- 10.04 Residential

**11. OCEANOGRAPHY**

- 11.01 Offshore Sand Studies
- 11.02 Beach Restoration
- 11.03 Underwater Investigation

**12. ENVIRONMENTAL ENGINEERING**

- 12.01 Air Quality Investigation and Air Pollution Control
- 12.02 Environmental Audit/Site Investigation
- 12.03 Soil and Groundwater Contamination Assessment and Remediation System Design
- 12.04 Solid/Hazardous Waste Management
- 12.05 Industrial Waste Management
- 12.06 Water Resource Evaluation and Development
- 12.07 Water and Wastewater Treatment Process Design

**13. OTHER CCNA SERVICES \*\*\***

- 13.01 \_\_\_\_\_
- 13.02 \_\_\_\_\_

\*\*\* Group 13 categories are only to be for services that fall under the FL CCNA Statute and are not covered by category groups 1 – 12

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**PALM BEACH COUNTY**

By:

\_\_\_\_\_  
Joanne M. Keller, P.E.

Deputy County Engineer

Date: \_\_\_\_\_

**CONSULTANT**

Firm: \_\_\_\_\_

By:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY**  
**PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION**  
*(Form 10-1.10)*

**Firm Information**

Official *(Legal)* Firm Name: \_\_\_\_\_

Conditions listed herein valid as of *(Date)*: \_\_\_\_\_

Official Florida Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Office: \_\_\_\_\_

Address: \_\_\_\_\_

Person In Charge: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Office Square Footage: \_\_\_\_\_

Branch Offices *(Cities)*: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_

Number of Years in Field: \_\_\_\_\_ Years Under Present Name: \_\_\_\_\_

Year Established: \_\_\_\_\_ State Where Established: \_\_\_\_\_

Former Firm Name(s): \_\_\_\_\_

Type of Firm:    Corporation    Partnership    Limited Liability    Individual    Other \_\_\_\_\_

Date Incorporated/Organized: \_\_\_\_\_ State Incorporated/Organized: \_\_\_\_\_

President's Name: \_\_\_\_\_ Vice President's Name: \_\_\_\_\_

Secretary's Name: \_\_\_\_\_ Treasurer's Name: : \_\_\_\_\_

Type of Partnership:    General    Limited    Association    N/A

Names of Partner(s) *(if applicable)*: \_\_\_\_\_

Date Authorized in Florida: \_\_\_\_\_ Annual Average Revenue *(Past 3 Years)*: \_\_\_\_\_

Firm's Website Address: \_\_\_\_\_

**NOTICE OF PROFESSIONAL CONSULTANT CERTIFICATION** *Form I*

**Past Experience - List 5 projects for each category that CCNA Certification is being requested on "Form I".**

*(Attach Additional Pages as Necessary)*

Project Name: _____	CCNA Category No(s). Supported by this Project: _____
Owner Name: _____	_____
Owner Address: _____	Employee(s) currently employed by Firm Involved in
Owner Phone: _____	Project: _____
Owner E-mail: _____	_____
Start Date: _____ End Date: _____	_____
Brief Description of the Project and the Portion of the <b><u>Work Done by the Firm's own Current Employee(s):</u></b>	
_____	
_____	
_____	
_____	

Project Name: _____	CCNA Category No(s). Supported by this Project: _____
Owner Name: _____	_____
Owner Address: _____	Employee(s) currently employed by Firm Involved in
Owner Phone: _____	Project: _____
Owner E-mail: _____	_____
Start Date: _____ End Date: _____	_____
Brief Description of the Project and the Portion of the <b><u>Work Done by the Firm's own Current Employee(s):</u></b>	
_____	
_____	
_____	
_____	

Project Name: _____	CCNA Category No(s). Supported by this Project: _____
Owner Name: _____	_____
Owner Address: _____	Employee(s) currently employed by Firm Involved in
Owner Phone: _____	Project: _____
Owner E-mail: _____	_____
Start Date: _____ End Date: _____	_____
Brief Description of the Project and the Portion of the <b><u>Work Done by the Firm's own Current Employee(s):</u></b>	
_____	
_____	
_____	
_____	

**NOTICE OF PROFESSIONAL CONSULTANT CERTIFICATION** *Form I*

**Current Projects - List 5 projects for each category that CCNA Certification is being requested on "Form P".**

*(Attach Additional Pages as Necessary)*

Project Name: _____	CCNA Category No(s). Supported by this Project: _____
Owner Name: _____	_____
Owner Address: _____	Employee(s) currently employed by Firm Involved in Project: _____
Owner Phone: _____	_____
Owner E-mail: _____	_____
Start Date: _____ % Complete: _____	_____
Brief Description of the Project and the Portion of the <b><u>Work Done by the Firm's own Current Employee(s):</u></b>	
_____	
_____	
_____	
_____	

Project Name: _____	CCNA Category No(s). Supported by this Project: _____
Owner Name: _____	_____
Owner Address: _____	Employee(s) currently employed by Firm Involved in Project: _____
Owner Phone: _____	_____
Owner E-mail: _____	_____
Start Date: _____ % Complete: _____	_____
Brief Description of the Project and the Portion of the <b><u>Work Done by the Firm's own Current Employee(s):</u></b>	
_____	
_____	
_____	
_____	

Project Name: _____	CCNA Category No(s). Supported by this Project: _____
Owner Name: _____	_____
Owner Address: _____	Employee(s) currently employed by Firm Involved in Project: _____
Owner Phone: _____	_____
Owner E-mail: _____	_____
Start Date: _____ % Complete: _____	_____
Brief Description of the Project and the Portion of the <b><u>Work Done by the Firm's own Current Employee(s):</u></b>	
_____	
_____	
_____	
_____	

**PALM BEACH COUNTY**  
**PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION**

(Form 10-1.10)

**Personnel Summary** - -- List the firm's principals and all key and/or licensed personnel.

(Attach Additional Pages as Necessary)

Name: _____	
Title: _____	
Date Employed: _____	Years Experience in Field _____
Status: <input type="checkbox"/> Temporary in FL <input type="checkbox"/> Permanent in FL <input type="checkbox"/> Out of State	
Registration: Type _____	State _____ No. _____ Year Issued: _____
College: Degree _____	Major _____
Experienced in CCNA Category No(s) _____	

Name: _____	
Title: _____	
Date Employed: _____	Years Experience in Field _____
Status: <input type="checkbox"/> Temporary in FL <input type="checkbox"/> Permanent in FL <input type="checkbox"/> Out of State	
Registration: Type _____	State _____ No. _____ Year Issued: _____
College: Degree _____	Major _____
Experienced in CCNA Category No(s) _____	

Name: _____	
Title: _____	
Date Employed: _____	Years Experience in Field _____
Status: <input type="checkbox"/> Temporary in FL <input type="checkbox"/> Permanent in FL <input type="checkbox"/> Out of State	
Registration: Type _____	State _____ No. _____ Year Issued: _____
College: Degree _____	Major _____
Experienced in CCNA Category No(s) _____	

Name: _____	
Title: _____	
Date Employed: _____	Years Experience in Field _____
Status: <input type="checkbox"/> Temporary in FL <input type="checkbox"/> Permanent in FL <input type="checkbox"/> Out of State	
Registration: Type _____	State _____ No. _____ Year Issued: _____
College: Degree _____	Major _____
Experienced in CCNA Category No(s) _____	

**NOTICE OF PROFESSIONAL CONSULTANT CERTIFICATION** *Form I*

**Personnel**

Number of Personnel Licensed and Available to work in Florida on Palm Beach County projects.  
*(Provide Copies of State Licenses/Registrations, only list personnel licensed to work in FL)*

_____ Architects	_____ Rail Planners
_____ Landscape Architects	_____ Airport Planners
_____ Civil Engineers	_____ Planning Specification Writers
_____ Traffic Engineers	_____ Planning Estimators
_____ Highway Engineers	_____ CAD Technicians
_____ Bridge Engineers	_____ Biologists
_____ Drainage Engineers	_____ Zoologists
_____ Electrical Engineers	_____ Botanists
_____ Environmental Engineers	_____ Wildlife Ecologists
_____ Mechanical Engineers	_____ Geologists
_____ Structural Engineers	_____ Ground Water Geologists
_____ Sanitary Engineers	_____ Surface Water Geologists
_____ Acoustical Engineers	_____ Environmental Geologists
_____ Survey PSM s	_____ Foresters
_____ Survey Party Chiefs	_____ Geographers
_____ Survey Instrument Technicians	_____ Sociologists
_____ Survey Aide s	_____ Economists
_____ Architectural Planners	_____ Statisticians
_____ Urban Transportation Planners	_____ Demographic Specialists
_____ Regional Planners	_____ Other _____
_____ Multi-Model Planners	_____ <b>Total Number of Personnel</b> available to
_____ Mass Transit Planners	work on PBC Projects

**PALM BEACH COUNTY**  
**PROFESSIONAL CONSULTANT QUALIFICATION APPLICATION**  
*(Form 10-1.10)*

**Equipment**

*(To Be Completed by Topographic and/or Soils and Foundation Consultants Only) (Attach Additional Pages as Necessary)*

Type \_\_\_\_\_ Quantity \_\_\_\_\_

Brand Name \_\_\_\_\_ Model \_\_\_\_\_

Type \_\_\_\_\_ Quantity \_\_\_\_\_

Brand Name \_\_\_\_\_ Model \_\_\_\_\_

Type \_\_\_\_\_ Quantity \_\_\_\_\_

Brand Name \_\_\_\_\_ Model \_\_\_\_\_

Type \_\_\_\_\_ Quantity \_\_\_\_\_

Brand Name \_\_\_\_\_ Model \_\_\_\_\_

**Firm Specializations**

List, in order of preference, the types of projects in which your firm is specialized.

- |         |          |
|---------|----------|
| 1 _____ | 6 _____  |
| 2 _____ | 7 _____  |
| 3 _____ | 8 _____  |
| 4 _____ | 9 _____  |
| 5 _____ | 10 _____ |

**Statement of Consultant**

I hereby certify that I am a duly authorized representative of the consulting firm of \_\_\_\_\_  
\_\_\_\_\_ whose address is \_\_\_\_\_ and that  
the statements made in this application are true and correct to the best of my/our knowledge, and hereby authorize  
and request any person, firm or corporation to furnish any pertinent information requested by Palm Beach County  
deemed necessary to verify the statements made in this application or regarding the standing and reputation of  
the applicant.

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*