

DELAWARE DEPARTMENT OF TRANSPORTATION  
 INFORMATION FOR CONSULTANT REGISTER – FY 2006

Name of Firm: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet Home Page Address: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

CHECK AREA OF  
 REGISTRATION

AREAS OF EXPERTISE

		PROFESSIONAL SERVICES AS DEFINED BY CHAPTER 69, TITLE 29	CERTIFICATES OR REGISTRATIONS NEEDED
	1	Highway Design.....	A
	2	Structure Design.....	A
	3	Local Road and Street Design.....	A
	4	Construction Services.....	A
	5	Traffic Engineering.....	A
	6	Soil Engrg. And Geologic Studies.....	A
	7	Transit Design.....	A
	8	Aviation Design.....	A
	9	Land Surveying.....	C
	10	Architecture.....	B
	11	Landscape Architecture.....	D
		OTHER SPECIALIZED CONSULTANT SERVICES	(NO PROFESSIONAL CERTIFICATES OR REGISTRATIONS REQUIRED)
	12	Materials Inspection and Testing	
	13	Environmental Studies	
	14	Highway Planning	
	15	Transit Planning	
	16	Aviation Planning	
	17	Rail Planning	
	18	Management Studies (Technical and Organizational)	
	19	Public Involvement (Marketing, Advertising, and Public Relations)	

For Professional Services as defined by Delaware Code, the firm must have obtained the following certificates or registration as applicable (**submit current copies of applicable certificates and/or registrations for the areas shown below**).

**I. Professional Service's Certifications/Registrations:**

A. Professional Engineering: \_\_\_\_\_  
**Firm's Certificate of Authorization No.**

B. Architecture: \_\_\_\_\_  
**Individual's Name and Delaware Registration Number**

C. Land Surveying: \_\_\_\_\_  
**Individual's Name and Delaware Registration Number**

D. Landscape Architecture: \_\_\_\_\_  
**Individual's Name and Delaware Registration Number**

**NOTE: Registrations for A., B., C. and D. MUST be full-time employees of the consulting firm.**

**II. FIRM'S ADDRESS** - Please use the address that your firm wants on record with DelDOT.  
\_\_\_\_\_  
\_\_\_\_\_

**III. FIRM'S CONTACT PERSON** - Please list below the name and phone that you would like to have as your firm's contact person with Delaware DOT:

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

Phone No.: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**NOTE: Any subsequent changes in contact personnel or addresses shall be presented in writing to Delaware DOT's Consultant Control Coordinator.**

**IV. AUTHORIZED CONSULTANT SIGNATURE(s):**

\_\_\_\_\_

**V. FIRM'S FEDERAL I.D. NO.:** \_\_\_\_\_