

DELAWARE DEPARTMENT OF TRANSPORTATION
INFORMATION FOR CONSULTANT REGISTER

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.: _____