

**COUNTY OF SAN DIEGO CEQA CONSULTANTS LIST
STATEMENT OF QUALIFICATIONS – OPEN ENROLLMENT**

Complete all sections of this application. Responses shall be typed. Items may be expanded as necessary to provide required information. This form is available electronically in MS Word (.doc) format at:

https://www.sandiegocounty.gov/content/sdc/pds/CEQA_Consultant_List_Application_Information.html. Clear and concise responses are essential.

1) SUBJECT AREA

Place an "X" next to the applicable subject area. Only one subject area should be marked. A separate application and fee is required for additional subject area renewal applications.

| | Subject Area | | Subject Area |
|--|----------------------------|--|--------------------------|
| | Archaeological Resources | | Groundwater |
| | Biological Resources | | Fire Protection Planning |
| | EIR Preparer | | Noise |
| | Historic Resources | | Mineral Resources |
| | Transportation and Traffic | | Revegetation Planning |
| | Agricultural Resources | | Visual Analysis |
| | Air Quality | | |

2) GENERAL INFORMATION

Consultant (individual) applying for placement on the list:

Name Title

Telephone No.: _____

FAX No.: _____

E-Mail Address: _____

CA Registration Title/No. (if applicable): _____

Name and address of firm of primary place of employment:

Business Legal Name: _____

Business Mailing Address: _____

Principal in charge of work (if difference than Consultant): _____

3) **EDUCATIONAL BACKGROUND**

| School | Degree and Specialization | Year |
|--------|---------------------------|------|
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4) **EMPLOYMENT BACKGROUND**

| Employer Name, Location, and Phone No. | Title and Duties | Dates |
|---|------------------|-------|
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5) **OTHER PROFESSIONAL QUALIFICATIONS (*Registrations, Publications, Organizations, Training, Awards, Etc.*)**

6) RELEVANT PROJECTS WITHIN LAST FIVE YEARS (*List no more than ten*)

Contact phone numbers must be valid for consideration. The County may, at its discretion, contact the lead agencies listed below or other persons to obtain reference statements relative to previous work. An electronic copy of each listed document must be provided on compact disc with the application materials.

| | | |
|----|--|-------------------------|
| 1. | Title and Location/Lead Agency: | Date Started/Completed: |
| | Role of Consultant (consultant duties, level of authorship and supervision): | |
| | Brief Description (scope, size, type of project, etc.): | |
| | Lead Agency Contact Information (Name, title, phone number, and email): | |
| | Client/Applicant Contact Information (Name, title, phone number, and email): | |
| 2. | Title and Location/Lead Agency: | Date Started/Completed: |
| | Role of Consultant (consultant duties, level of authorship and supervision): | |
| | Brief Description (scope, size, type of project, etc.): | |
| | Lead Agency Contact Information (Name, title, phone number, and email): | |
| | Client/Applicant Contact Information (Name, title, phone number, and email): | |
| 3. | Title and Location/Lead Agency: | Date Started/Completed: |
| | Role of Consultant (consultant duties, level of authorship and supervision): | |
| | Brief Description (scope, size, type of project, etc.): | |
| | Lead Agency Contact Information (Name, title, phone number, and email): | |
| | Client/Applicant Contact Information (Name, title, phone number, and email): | |
| 4. | Title and Location/Lead Agency: | Date Started/Completed: |
| | Role of Consultant (consultant duties, level of authorship and supervision): | |
| | Brief Description (scope, size, type of project, etc.): | |

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| Lead Agency Contact Information (Name, title, phone number, and email): |
| Client/Applicant Contact Information (Name, title, phone number, and email): |

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| 5. | Title and Location/Lead Agency: | Date Started/Completed: |
| Role of Consultant (consultant duties, level of authorship and supervision): | | |
| Brief Description (scope, size, type of project, etc.): | | |
| Lead Agency Contact Information (Name, title, phone number, and email): | | |
| Client/Applicant Contact Information (Name, title, phone number, and email): | | |

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| 6. | Title and Location/Lead Agency: | Date Started/Completed: |
| Role of Consultant (consultant duties, level of authorship and supervision): | | |
| Brief Description (scope, size, type of project, etc.): | | |
| Lead Agency Contact Information (Name, title, phone number, and email): | | |
| Client/Applicant Contact Information (Name, title, phone number, and email): | | |

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| 7. | Title and Location/Lead Agency: | Date Started/Completed: |
| Role of Consultant (consultant duties, level of authorship and supervision): | | |
| Brief Description (scope, size, type of project, etc.): | | |
| Lead Agency Contact Information (Name, title, phone number, and email): | | |
| Client/Applicant Contact Information (Name, title, phone number, and email): | | |

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| 8. | Title and Location/Lead Agency: | Date Started/Completed: |
| Role of Consultant (consultant duties, level of authorship and supervision): | | |
| Brief Description (scope, size, type of project, etc.): | | |
| Lead Agency Contact Information (Name, title, phone number, and email): | | |

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| Client/Applicant Contact Information (Name, title, phone number, and email): |
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| 9. | Title and Location/Lead Agency: | Date Started/Completed: |
| Role of Consultant (consultant duties, level of authorship and supervision): | | |
| Brief Description (scope, size, type of project, etc.): | | |
| Lead Agency Contact Information (Name, title, phone number, and email): | | |
| Client/Applicant Contact Information (Name, title, phone number, and email): | | |

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| 10. | Title and Location/Lead Agency: | Date Started/Completed: |
| Role of Consultant (consultant duties, level of authorship and supervision): | | |
| Brief Description (scope, size, type of project, etc.): | | |
| Lead Agency Contact Information (Name, title, phone number, and email): | | |
| Client/Applicant Contact Information (Name, title, phone number, and email): | | |

7) **PERSONS/REFERENCES COMPLETING THE CONSULTANT PAST PERFORMANCE REVIEW FORM** (Forms to be submitted directly from reviewers. Forms must be completed by a lead agency.)

Reviewer #1: _____

Reviewer #2: _____

8) **ENDORSEMENT BY SUBMITTING CONSULTANT**

To be signed by submitting consultant.

AS OF THIS DATE, THE FOREGOING INFORMATION ON THIS STATEMENT OF QUALIFICATIONS IS A TRUE AND CORRECT STATEMENT OF FACTS.

Type Name: _____

Signature: _____ Date: _____