

**COUNTY OF SAN DIEGO CEQA CONSULTANTS LIST
STATEMENT OF QUALIFICATIONS – APPLICATION RENEWAL**

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 per application.

	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 consultant list renewal:

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): _____

THE FOLLOWING SECTIONS (2, 3, 4 AND 5) PERTAIN TO EDUCATION, EMPLOYMENT, QUALIFICATIONS AND PROJECT EXPERIENCE GAINED SINCE YOUR ORIGINAL PLACEMENT ON THE APPLICABLE COUNTY OF SAN DIEGO CEQA CONSULTANT LIST OR SINCE YOUR APPLICATION WAS LAST RENEWED. YOUR ORIGINAL APPLICATION REMAINS ON FILE AND ONLY UPDATED INFORMATION SHOULD BE PROVIDED HERE.

- 3) **EDUCATIONAL BACKGROUND** - Describe any new degrees or educational experience gained since you originally applied for placement on the list or since your application was last renewed. If none, state N/A.

School	Degree and Specialization	Year

- 4) **EMPLOYMENT BACKGROUND** – Detail any updated employment information since you originally applied for placement on the list or since your application was last renewed. If none, state N/A.

Employer Name, Location, and Phone No.	Title and Duties	Dates

- 5) **OTHER PROFESSIONAL QUALIFICATIONS (Registrations, Publications, Organizations, Training, Awards, Etc.)** Describe any professional qualifications obtained since you originally applied for placement on the list or since your application was last renewed. If none, state N/A.

6) RELEVANT PROJECTS Provide information on the applicable projects you have worked on since you were placed on the consultant list or since your application was last renewed. If none, state N/A. 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.):	
	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):		

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):		

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) **EVIDENCE OF SATISFACTION OF CONTINUING EDUCATION REQUIREMENTS**

Provide evidence of completion of annual attendance of at least one class, seminar, or workshop that covers interpretations of CEQA statute, State CEQA Guidelines, or topics relevant to the applicable subject area. See CEQA Consultant List Continuing Education Requirements.

9) **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: _____