A/E Consultant Roster Application Form
Central Washington University (CWU) Ellensburg, WA

1. Name of Firm: ___________________________________________________________

2. Mailing Address: _______________________________________________________
   City/State/Zip: _____________________________________________________

3. Phone Number: ___________________________ Fax Number: __________________

4. E-mail Address: ________________________________________________________
   Contact name: ______________________________________________________

5. TIN: _____________________ UBI: _______________________

6. Type of Firm (Check applicable discipline below):

   ___ Architecture
   ___ Specialty (Acoustic, lab, fire, design, etc.)
   ___ Engineering
   ___ Service (quality control, testing, inspections, etc.)
   ___ Other (legal, accounting, etc.)

7. Type of Services
   (Check applicable area(s) of experience):

   ___ Acoustics
   ___ Archaeology/Cultural Reviews
   ___ Asbestos Abatement
   ___ Campus Planning
   ___ Civil
   ___ Commissioning
   ___ Code Review
   ___ Communication Systems
   ___ Constructability Review
   ___ Construction Management
   ___ Cost Estimating
   ___ Electrical
   ___ Environmental
   ___ Facility Planning
   ___ Fire Protection
   ___ Forestry/Silviculture
   ___ General Architecture
   ___ Geotechnical
   ___ Graphic Design
   ___ Historic Preservation
   ___ Interior Design
   ___ Landscape Architecture
   ___ Land Surveying
   ___ Mechanical
   ___ Plan Check Scheduling
   ___ Structural Design
   ___ Signage & Wayfinding
   ___ Telecommunication
   ___ Testing & Inspection
   ___ Theater Design
   ___ Transportation/Traffic
   ___ Value Engineering
   ___ Other Specialty: Please Specify: ________________________________

8. Certified OMWBE Status: _____ MBE _____ MWBE _____ WBE _____ CBE _____ SEDBE

9. Provide the following supplemental information with completed A/E Consultant Roster Application Form:
   A. Letter of Introduction
   B. Federal Standard Form (SF) 330
   C. Firms experience, area(s) of expertise, and evidence of professional license, registration, and/or industry certifications as applicable.

Return completed Application Form and Supplemental Information to:
Central Washington University
Title: ________________________________
Capital Planning & Projects
A/E Consultant Roster
400 East University Way
Ellensburg, WA 98926-7523

Submitted by: ____________________________
Name: ________________________________

Signature: ______________________________

Date: ________________________________

Approved: ____________________________
Not Approved: __________________________
Signature: ______________________________
Date: ________________________________

Revised 3-31-2014