

A/E/C SEAL DATA FORM

Please supply all the information requested below. It is IMPORTANT that this information be EXACTLY CORRECT, or else significant delays in processing the Contract, of which this Form shall be a part, will result.

Name of Firm: _____
(This name must be your exact legal entity!)

Mailing Address of Firm: _____

Project Number: _____

Project Title: On-Call Professional Services

Firm is: ___ Corporation ___ Partnership ___ LLC ___ PLLC ___ Sole Proprietor

Name if D/B/A: _____

Paste or tape a copy of your A/E/C License/Registration here:

Sample of Corporate Seal or, if not a corporation, sample of A/E/C Seal, affix raised Seal here:

Exact wording on Corporate Seal: _____

State of Connecticut corporate registration number (or if not a corporation, State of Connecticut A/E/C license/registration number of individual signing contract): _____

License Expiration Date: _____

Registration Number: _____ Registration Expiration Date: _____

I hereby certify that the above information is true and complete:

Signature Title Date signed