"No further loan funds may be paid out under this program unless this report is completed and filed as required (7 U.S.C. 901 et. seq.)."

	1. NAME AND ADDRESS (Including Zip code
U. S. DEPARTMENT OF AGRICULTURE RURAL UTILITIES SERVICE	
ARCHITECTS AND ENGINEERS QUALIFICATIONS	
INSTRUCTIONS - Qualification information requested is to be furnished by responsible officer of engineering or architectural firm submitting qualifications to RUS borrowers.	2. RUS PROJECT DESIGNATION (if any)
3. IF FIRM, LIST NAMES OF OFFICERS AND TITLES	4. ARE YOU OR ANY MEMBERS OF YOUR FIRM EMPLOYED OR RETAINED BY ANY ORGANIZATION ENGAGED IN: A. CONSTRUCTING ELECTRIC OR TELEPHONE F'ACILITIES? Yes NO B. MANUFACTURING OR SELLING MATERIALS OR EQUIPMENT THEREFOR? Yes NO (if yes, give particulars on a separate sheet.)

5. LIST PROJECTS COMPLETED IN THE PAST THREE YEARS WHICH REQUIRED SERVICES SIMILAR TO THOSE YOU PROPOSE TO FURNISH:

NAME	LOCATION	TYPE AND SCOPE OF SERVICES

6. STATE BRIEFLY THE FACILITIES AVAILABLE FOR USE ON THIS PROJECT. ALSO LIST ASSOCIATES WHO MAY PERFORM SERVICES.

7. INDICATE TYPES OF SERVICES TO BE PERFORMED FOR RUS BORROWERS:

DISTRIBUTION

TRANSMISSION

TELEPHONE

POWER PLANTS

ARCHITECTURAL

8 LIST STATES OR AREAS IN WHICH SUCH SERVICES WILL BE PROVIDED:

DATE

SIGNATURE OF ARCHITECT OR ENGINEER

QUALIFICATIONS OF PRINCIPAL ENGINEERS OR ARCHITECTS				
NAME	TITLE OF POSITION		AGE	
NAME OF COLLEGE ATTENDED		DATES	ATTENDED	
MAJOR COURSE OF STUDY	GRADUATED	DEGRE	EES CONFERRED	
	YES NO			
OTHER COURSES OR TRAINING				

LIST THE STATES IN WHICH YOU ARE ELIGIBLE TO PRACTICE ENGINEERING/ARCHITECTURE AND GIVE YOUR LICENSE NUMBERS.

Give a statement of your past experience including dates and immediate supervisors listing present status first followed by statement of earlier employment for the past 10 years. It is important to state the extent of responsibility and independent action which you have had in these positions. This description of the technical nature of your duties is one of the most important parts of your qualifications. We are interested in specific experience in the types of services you propose to perform such as design, preparation of plans and specifications, supervision of construction, and preparation of engineering studies and reports.

PRESENT STATUS (If additional space is needed, use separate sheet.)

DATES OF EMPLOYMENT (Month, year)	FROM:	TO PRESENT TIME	NAME OF EMPLOYER:
POSITION:			IMMEDIATE SUPERVISOR:

DATES OF EMPLOYMENT (Month, year)	FROM:	TO:	NAME OF EMPLOYER:
POSITION:			IMMEDIATE SUPERVISOR:

DATES OF EMPLOYMENT (Month, year) FROM:	TO:	NAME OF EMPLOYER:
POSITION:		IMMEDIATE SUPERVISOR: