

Bridge Factors Factual Report Attachment 53 – Letter from Ms. Carliayn Kell of FDOT to Mr. Ernesto Polo of Louis Berger dated January 17, 2017

Miami, FL

**HWY18MH009** 

(13 pages)



RICK SCOTT GOVERNOR

Tallahassee, FL 32399-0450

JIM BOXOLD SECRETARY

January 17, 2017

Ernesto Polo, Associate Vice President LOUIS BERGER U.S., INC. 7270 NW 12th Street, Suite 860 Miami, Florida 33126

Dear Mr. Polo:

The Florida Department of Transportation has reviewed your application for qualification package and determined that the data submitted is adequate to technically qualify your firm for the following types of work:

Group 2		- Project Development and Environmental (PD&E) Studies
Group	3	- Highway Design - Roadway
	3.1 3.2 3.3	<ul><li>Minor Highway Design</li><li>Major Highway Design</li><li>Controlled Access Highway Design</li></ul>
Group	4	- Highway Design - Bridges
	4.1.2 4.2.2	<ul><li>Miscellaneous Structures</li><li>Minor Bridge Design</li><li>Major Bridge Design - Steel</li><li>Complex Bridge Design - Steel</li></ul>
Group	5	- Bridge Inspection
	5.1 5.3 5.4	• •
Group	7	- Traffic Operations Design
	7.1 7.2 7.3	0 0
Group 10		- Construction Engineering Inspection
	10.1 10.3	<ul> <li>Roadway Construction Engineering Inspection</li> <li>Construction Materials Inspection</li> </ul>

Group 13 - Planning

13.3 - Policy Planning

13.4 - Systems Planning

13.5 - Subarea/Corridor Planning

13.6 - Land Planning/Engineering

13.7 - Transportation Statistics

Your overhead audit has been accepted, enabling your firm to compete for Professional Services projects advertised at the <u>unlimited</u> level, with estimated fees of any dollar amount. This status shall be valid until <u>December 31, 2018</u> for contracting purposes.

	Home/Branch	Field	Overtime	
	<u>Office</u>	<u>Office</u>	<u>Premium</u>	<b>Direct Expense</b>
Indirect Cost	130.27%*	103.51%*	Reimbursed	0.00% (Home)*
				0.00% (Field)*

\*Interim Rates

Should you have any questions, please feel free to contact me by email at or by phone at

Sincerely,



Carliayn Kell Professional Services Qualification Administrator

CBHK/kw

### STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

# REQUEST FOR QUALIFICATION PACKAGE FOR PROFESSIONAL SERVICES CONSULTANTS

1. TYPE OF REQUEST* (Select One)	2. LEVEL OF QUALIFICAT (Select One)	TION REQUESTED*
☐ Initial☐ Renewal☐ Modification		projects estimated at any amount ects estimated at less than \$500,000
3. CONTACT INFORMATION* Items A-J are required for all firms. Firm name	e must match registration with the Florida Departme	ent of State, Division of Corporations.
a. Firm Name: Louis Berger U.S., Inc.	b. Address (include suite number): 7270 NW 12 <sup>th</sup> Street, Suite 860	c. City: Miami
d. State: e. Zip Code: 33126	f. Phone No. g. Firm's Web	Address:
h. Prequalification Letter Recipient Full Name: Ernesto Polo		⊠ Mr. □ Ms.
i. Title: Associate Vice President	j. Letter Recipient's E-mai	I Address:
k. Prequalification Contact Full Name (required same as above	if different from Prequalification Letter Recipient):	☐ Mr. ☐ Ms.
1. Title:	m. Prequalification Contac	t's E-mail Address:
4. CORPORATE INFORMATION*		
a. FEID Number: 13-3622704	b. Type (select one):  Limited Liability Company  Corporation  General Partnership  Limited Partnership  Individual	c. Florida Department of State Doc. No: P39966  Date Incorporated in Florida: 5/9/2016  Name of Firm's President/Managing Officer: Thomas G. Lewis, PE, JD
appropriate. Firm registration is separate fro	poration or Partnership ying firms must be licensed or registered as r om individual licenses. If your firm is seeking o ur firm's Certification of Authorization/Registra	qualification in any work group(s) indicated
d. Florida Board of Professional Engineers: (Required for work groups: 2, 3, 4, 5, 6, 7, 9, 10, 11, 13.7)	e. Florida Board of Land Surveyors & Mappers: (Required for work group 8) N/A	f. Florida Board of Architecture & Interior Design: (Required for work group 14) pending
g. Florida Board of Landscape Architecture: (Required for work group 15) N/A	h. Florida Real Estate Commission: (Required for work groups: 21, 25) N/A	i. Florida Division of Certified Public Accounting: (Required for work group 22) N/A
5. AFFILIATE FIRMS		
	tion 337.165(1)(a), F.S. Based on this definiti	on, does your firm have any affiliate firms?
∑ Yes – Include a list of all affiliate     ☐ No.	e firms with your submission	
□ No		

<sup>\*</sup> Sections marked with an asterisk are required for all firms. Please refer to the <u>instructions document</u> for additional information.

12-27-16

## 6. STAFF LEVEL INFORMATION\*

a. Total number of professional (registered/certified) personnel permanently employed by your firm	In Florida: 16	Out of State: 344
b. Total number of other personnel permanently employed by your firm	In Florida: 26	Out of State: 1271

#### 7. FINANCIAL INFORMATION\*

a.	Indicate which is provided:
X	a <u>current overhead audit report</u> performed by an independent CPA and <u>Contractor Cost Certification form</u> – required for firms seeking to pursue projects estimated at any amount (Unlimited Level)
	none – primary option for firms seeking to pursue projects estimated at less than \$500,000 (Minor Level)
	a <u>self-certified overhead and accounting system report</u> – secondary option for firms seeking to pursue projects estimated at less than \$500,000 (Minor Level)
b.	A Published Fee Schedule is a listing of well-defined services for a set price that is offered to all customers. "Services" are final products or completed processes which can be measured as deliverable units. For example, drilling per foot, is a well-defined service that is measured in a per foot unit. An hourly rate or loaded billing rate is not considered part of a Published Fee Schedule.
	Based on the above definition, does your firm use a published fee schedule?
	Yes – Include a copy with your submission.
×	No.
C.	By submittal of this form, the consultant agrees to allow internal distribution and review by the Department of the audit information submitted with this application for purposes of qualification review, negotiation of contract fees and invoice payment.
×	Click here to agree
d.	By submittal of this form, the consultant acknowledges that it is their responsibility to notify the Department immediately should the firm become aware of errors or false statements in the submitted overhead audit(s). Making or submitting false or fraudulent statements may result in the denial, suspension, or revocation of qualification.
×	Click here to agree
L	
8.	PROFESSIONAL LIABILITY INSURANCE*
C.	Indicate which is provided as proof of professional liability insurance:
×	a copy of a current certificate of professional liability insurance showing policy number, company, amount, and expiration date
	an unequivocal commitment letter from an insurance company stating that professional liability insurance would be provided to

<sup>\*</sup> Sections marked with an asterisk are required for all firms. Please refer to the <u>instructions document</u> for additional information.

#### 9. TYPES OF WORK REQUESTED\*

Select types below for which qualification is requested. Please select only those for which your firm meets the criteria described in Rule 14-75, F.A.C. If none of these work types apply to your firm, please contact the Professional Services Prequalification Administrator at co.profserv@dot.state.fl.us. Work Group 2. Project Development & Environmental (PD&E) Work Group 9. Soil Exploration, Material Testing and Foundations: ☐ 9.1 Soil Exploration 9.2 Geotechnical Classification Lab Testing Work Group 3. Highway Design Roadway: 9.3 Highway Materials Testing 3.1 Minor Highway Design ☐ 9.4.1 Standard Foundation Studies ☑ 3.2 Major Highway Design ☐ 9.4.2 Non-Redundant Drilled Shaft Bridge Foundation Studies □ 3.3 Controlled Access Highway Design 9.5 Geotechnical Specialty Lab Testing Work Group 4. Highway Design - Bridges: Work Group 10. Construction Engineering Inspection: 4.2.1 Major Bridge Design - Concrete ☐ 10.5.1 Major Bridge CEI - Concrete 4.2.3 Major Bridge Design - Segmental ☐ 10.5.2 Major Bridge CEI - Steel 4.3.1 Complex Bridge Design - Concrete ☐ 10.5.3 Major Bridge CEI - Segmental 10.6.1 Complex Bridge CEI - Concrete ☐ 4.4 Movable Span Bridge Design ☐ 10.6.2 Complex Bridge CEI - Steel Work Group 5. Bridge Inspection: ☐ 10.7 Movable Span Bridge CEI ☐ 5.2 Movable Bridge Inspection Work Group 11. Engineering Contract Adm. & Mgmt.: □ 11.0 Engineering Contract Administration and Management (requires qualification in work types 3.1, 3.2, 3.3, 4.1.1, 4.1.2, 4.2.1, 4.2.2, 6.1, 7.1, 7.2, 7.3 and 10.1) Work Group 6. Traffic Engineering & Operations Studies: Work Group 13. Planning: ☐ 6.1 Traffic Engineering Studies ☐ 6.2 Traffic Signal Timing 13.4 Systems Planning 13.5 Subarea/Corridor Planning ☐ 6.3.2 Intelligent Transportation Systems Implementation 6.3.3 Intelligent Trans Traffic Engineering Sys Communications ☐ 6.3.4 Intelligent Trans Sys Software Development Work Group 14. Architect: ☐ 14.0 Architect Work Group 7. Traffic Operations Design: 7.1 Signing, Pavement Marking and Channelization Work Group 15. Landscape Architect: □ 7.2 Lighting ☐ 15.0 Landscape Architect ☑ 7.3 Signalization Work Group 21. Right of Way Acquisition & Management: Work Group 8. Surveying & Mapping: 21.0 Acquisition, Negotiation, Closing and Order of Taking 8.1 Control Surveying 22.0 Acquisition Business Damage Estimating and Estimate Review 8.2 Design, Right of Way Construction Surveying 24.0 Acquisition Relocation Assistance ■ 8.3 Photogrammetric Mapping ☐ 25.0 Right of Way Clearing and Leasing 8.4 Right of Way Mapping

<sup>\*</sup> Sections marked with an asterisk are required for all firms. Please refer to the <u>instructions document</u> for additional information.

### 10. LIST OF QUALIFYING PERSONNEL\*

For each of the Department's standard work types for which prequalification is requested, list all personnel meeting the Department's published requirements. Please group all prequalifying personnel for each work type together. Personnel used for qualification in multiple work types must be listed in each such work type. A <u>sample list</u> has been provided for reference. Any qualifying personnel that are not bona fide employees of the firm must submit a signed letter with the application package stating that they are under exclusive contract to the firm, are not otherwise employed, and are not being used as qualifying staff for any other firm.

a. Status (see codes below)		ist from	c. Full Name (must match name on resume)	d. Specialty Area (see codes below)	e. Florida Board or AICP Registration/ License Number
PS	2.0		Robert Thiel	PE	
PS	2.0		Lawrence Pesesky	AICP	
PS	2.0		Edward Samanns	sc	
PS	3.1		Robert Thiel	PE	
PS	3.1		Margarita Morales	PE	1
PS	3.1		Nick Ivanoff	PE	1
Х	3.1		George El-Azar	PE	
Х	3.1		Jorge Canales	PE	
PS	3.1		Arthur Miller	PE	V
PS	3.2		Robert Thiel	PE	
PS	3.2		Dean Hatfield	PE	V
PS	3.2		Margarita Morales	PE	
PS	3.2		Bryan Clark	PE	13/
PS	3.2		Arthur Miller	PE	
PS	3.3		Robert Thiel	PE	_
PS	3.3		Dean Hatfield	PE	
PS	3.3		Margarita Morales	PE	
PS	3.3	-	Bryan Clark	PE	
PS	3.3		Arthur Miller	PE .	
Х	3.3		Donald Stark	PE	
PS	4.1.1	•	Robert Lin	PE	
Х	4.1.1		Stephen Cook	PE	
PS	4.1.1		Arthur Miller	PE	
Х	4.1.1		Jorge Canales	PE	
PS	4.1.1		Jose Hernandez	TECH	
PS	4.1.1	-	Phineas Fowler	TECH	
Х	4.1.1		Robert DeCola	TECH	
Х	4.1.1		Pai Wu ,	TECH	
Χ	4.1.1		Richard Coffman	TECH	

Duplicate pages of this section are available at the back of this packet to allow entry of additional qualifying personnel.

STATUS: N-New, PS-Previously Submitted, X-Remove

<sup>\*</sup> Sections marked with an asterisk are required for all firms. Please refer to the <u>instructions document</u> for additional information. 12-27-16

For each of the Department's standard work types for which prequalification is requested, list all personnel meeting the Department's published requirements. Please group all prequalifying personnel for each work type together. Personnel used for qualification in multiple work types must be listed in each such work type. A <u>sample list</u> has been provided for reference. Any qualifying personnel that are not bona fide employees of the firm must submit a signed letter with the application package stating that they are under exclusive contract to the firm, are not otherwise employed, and are not being used as qualifying staff for any other firm.

a. Status (see codes below)	b. Work Type Code (See list from Section 9)	c. Full Name	d. Specialty Area (see codes below)  d. Specialty AlCP) Registration Number
PS	4.1.2	Arthur Miller	PE
Χ	4.1.2	Stephen Cook	PE
PS	4.1.2	Christopher Gagnon	PE
PS	4.1.2	Stuart Rankin	PE
PS	4.1.2	Beile Yin	PE
Х	4.1.2	Jorge Canales	PE
PS	4.1.2	Robert Lin	PE
PS	4.1.2	Jose Hernandez	TECH
PS	4.1.2	Phineas Fowler	TECH
X .	4.1.2	Robert DeCola	TECH
Х	4.1.2	Pai Wu	TECH
Х	4.1.2	Richard Coffman	TECH
PS	4.2.2	Jose Hernandez	PE
X	4.2.2	Stephen Cook	PE
PS	4.2.2	Christopher Gagnon	PE
PS	4.2.2	Stuart Rankin	PE
PS	4.2.2	Beile Yin	PE
X	4.2.2	Jorge Canales	PE
PS	4.2.2	Robert Lin	PE
PS	4.2.2	Phineas Fowler	TECH
Х	4.2.2	Robert DeCola	TECH
Χ	4.2.2	Pai Wu	TECH
Х	4.2.2	Richard Coffman	TECH
Х	4.2.2	Mirella Caramichael	TECH
PS	4.2.2	Hector Morera	TECH
PS	4.2.2	Jian Wang	TECH
PS	4.2.2	Radu Dragan	TECH
PS	4.3.2	Christopher Gagnon	PE PE
PS	4.3.2	Stuart Rankin	PE
PS	4.3.2	Beile Yin	PE
PS	4.3.2	John Svensson	TECH

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a. Status (see codes below)	b. Work Type Code (See list from Section 9)	c. Full Name	c. Full Name		e. Florida Board (or AICP) Registration Number
PS	4.3.2	Peter Sluszka		TECH	
PS	4.3.2	Philip Waldvogel		TECH	
PS	4.3.2	Radu Dragan		TECH	
PS	4.3.2	Zhihua Yi		TECH	
PS	4.3.2	Samia Abdou		TECH	
PS	5.1	Christopher Gagnon		PE	
PS	5.1	Phineas Fowler		PE	
PS	5.3	Christopher Gagnon		PE	
X	5.4	Robert DeCola		PE	A
PS	5.4	Phineas Fowler		PE	4
PS	5.4	Christopher Gagnon		PE	
PS	6.3.1		ge Starckey, Jr's PE	PE (	
PS	7.1	George Starkey licens	se expired in 2003.	PE	<u> </u>
PS	7.1	Robert Thiel		PE	
PS	7.2	George Starkey		PE	
PS	7.2	Robert Thiel		PE	
PS	7.3	Robert Thiel		PE	
PS	7.3	Margarita Morales		PE	
PS	7.3	George Starkey		PE	
X	10.1	Stephen Cook		PE	
Х	10.1	George El-Azar		PE	
PS	10.1	Arthur Miller		PE	
PS	10.3	Arthur Miller		PE	
X	10.3	Stephen Cook		PE	

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a. Status (see codes below)	b. Work Type Code (See list from Section 9)	c. Full Name	d. Specialty Area (see AICP) Registrat Codes below)  Alich Number
Х	10.4	Stephen Cook	PE
Χ	10.4	George El-Azar	PE
PS	10.4	Arthur Miller	PE
PS	10.4	Murry Phillips	TECH
PS	10.4	Mark Libin	TECH
PS	10.4	Donald Berkhofer	TECH
Х	10.4	Luis Aldebot	TECH
Х	10.4	Gajerndran Ganesan	TECH
PS	10.4	Kiritkumar Shah	TECH
PS	13.3	Lawrence Pesesky	AICP
PS	13.3	Deborah Matherly	AICP
PS	13.3	Leigh Blackmon Lane	PLAN
PS	13.3	Duncan Kisia	TECH
PS	13.4	Ernesto Polo	PE
PS	13.4	Lawrence Pesesky	AICP
Х	13.4	Robert Badger	PE
PS	13.4	Albert Racciatti	AICP
PS	13.4	Deborah Matherly	AICP
PS	13.4	Dane Ismart	TECH
PS	13.4	Duncan Kisia	TECH
PS	13.5	Ernesto Polo	PE
PS	13.5	Mark Berger	AICP
Х	13.5	Robert Badger	PE
PS	13.5	Deborah Matherly	AICP
PS	13.5	Dane Ismart	TECH
PS	13.5	Duncan Kisia	TECH
PS	13.6	Ernesto Polo	PE
PS	13.6	Albert Racciatti	AICP
Х	13.6	Robert Badger	PE

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For each of the Department's standard work types for which prequalification is requested, list all personnel meeting the Department's published requirements. Please group all prequalifying personnel for each work type together. Personnel used for qualification in multiple work types must be listed in each such work type. A <u>sample list</u> has been provided for reference. Any qualifying personnel that are not bona fide employees of the firm must submit a signed letter with the application package stating that they are under exclusive contract to the firm, are not otherwise employed, and are not being used as qualifying staff for any other firm.

a. Status (see codes below)	b. Work Type Code (See list from Section 9)	c. Full Name	d. Specialty Area (see codes below)	e. Florida Board (or AICP) Registration Number
PS	13.6	Virginie Amerlymck	AICP	
PS	13.6	Duncan Kisia	TECH	
PS	13.7	Ernesto Polo	PE	
PS	13.7	Virginie Amerlynck only FL PEs can	AICP	
X	13.7	Robert Badger qualify for this work	PE	
PS	13.7	Dunca Kisia type	TECH	
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		-		
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Duplicate pages of this section are available at the back of this packet to allow entry of additional qualifying personnel.

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<sup>\*</sup> Sections marked with an asterisk are required for all firms. Please refer to the instructions document for additional information.

# 11. EMPLOYMENT OF QUALIFYING PERSONNEL

Submit a signed copy of the Qualifying Staff Employment Certification form #375-030-84.

work for which they are listed; and that it is this firm's responsibility to notify the Department within 10 days of the departure from the firm of any personnel used to qualify the firm in any type of work.  12. SURVEY AND MAPPING EQUIPMENT (To be completed by applicants for Work Group 8 only.)  By submittal of this form, the consultant agrees to comply with all requirements regarding surveying equipment use, including hardware or software, which meets the accuracy, formatting, and other requirements, contained in Department policies, procedures, manuals and handbooks on Department projects.  13. GEOTECH EQUIPMENT (To be completed by applicants for Group 9 Work Types only. List in-house equipment only.)  Submit a list of in-house equipment. Sub-contracted equipment list may be provided for Work Type 9.1 only.			
By submittal of this form, the consultant agrees to comply with all requirements regarding surveying equipment use, including hardware or software, which meets the accuracy, formatting, and other requirements, contained in Department policies, procedures, manuals and handbooks on Department projects.  13. GEOTECH EQUIPMENT (To be completed by applicants for Group 9 Work Types only. List in-house equipment only.)  Submit a list of in-house equipment. Sub-contracted equipment list may be provided for Work Type 9.1 only.  By submittal of this form, the consultant attests to the accuracy of the equipment list(s) submitted with this application for Work Group 9, and further acknowledges that any falsification of information contained on the equipment list(s) may result in denial, suspension, or revocation of qualification.  14. CERTIFICATION*  By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or em of the firm or any of its affiliates (as defined in s. 337.165(f)(a), F. S.), have been criminally or civility charged with antitrats crim under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation wrespect to a public contract, or any other contract related crimes pursuant to s. 337.165, F.S., except for matters previously distort the Department and with the Clerk of Agency Proceedings; that they have neither been bared nor suspended from conside for work with any other governmental entity; and that the employment practices of this organization fully comply with the Title to the Department and with the Clerk of Agency Proceedings; that they have neither been bared nor suspended from conside for work with any other governmental entity; and that the employment practices of this organization fully comply with the Title to the Submittal of this for	firm, or under exclusive contract to this firm and not of work for which they are listed; and that it is this firm's	therwise employed; are actively engaged in the typo responsibility to notify the Department within 10 day	e of XI Check Here to
use, including hardware or software, which meets the accuracy, formatting, and other requirements, contained in Department policies, procedures, manuals and handbooks on Department projects.  13. GEOTECH EQUIPMENT (To be completed by applicants for Group 9 Work Types only. List in-house equipment only.)  Submit a list of in-house equipment. Sub-contracted equipment list may be provided for Work Type 9.1 only.  By submittal of this form, the consultant attests to the accuracy of the equipment list(s) submitted with this application for Work Group 9, and further acknowledges that any falsification of information contained on the equipment list(s) may result in denial, suspension, or revocation of qualification.  14. CERTIFICATION*  By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or emough the firm or any of its efficients of sa7.165(1)6, F.S.) have been criminally or civilly charged with antitrust crim under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation verspect to a public contract, or any other contract related crimes pursuant to s. 337.165(1)6. Succept for matters previously distored to the Department and with the Clerk of Agency Proceedings; that they have neither been barred nor suspended from consider for work with any other governmental entity; and that the employment practices of this organization fully comply with the Title Violations of the 1964 Civil Right Act.  Check Here to Agree  By submittal of this form, I further acknowledge that it is the responsibility of this firm to submit a revised application in the every change in satus; including a change in ownership, a change in the form of the business entity under which this firm operates, change in any of the staff used to qualify this firm to perform any type of w	12. SURVEY AND MAPPING EQUIPMENT (To b	pe completed by applicants for Work Group 8 only.)	ı
By submittal of this form, the consultant attests to the accuracy of the equipment list(s) submitted with this application for Work Group 9, and further acknowledges that any falsification of information contained on the equipment list(s) may result in denial, suspension, or revocation of qualification.  14. CERTIFICATION*  By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or em of the firm or any of its affiliates (as defined in s. 337.165(1)(a), F.S.), have been criminally or civilly charged with antitrust crim under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation v respect to a public contract, or any other contract related crimes pursuant to s. 337.165, F.S., except for matters previously distored to the Department and with the Clerk of Agency Proceedings; that they have neither been barred nor suspended from consider or work with any other governmental entity; and that the employment practices of this organization fully comply with the Title v provisions of the 1964 Civil Right Act.  \[ \subsection{\text{Check Here to Agree}} \]  By submittal of this form, I further acknowledge that it is the responsibility of this firm to submit a revised application in the every change in status; including a change in ownership, a change in the form of the business entity under which this firm operates, change in any of the staff used to qualify this firm to perform any type of work, or any other change which affects an element to Department considers under Rule 14-75.0002, F.A.C.  \[ \text{Check Here to Agree} \]  Check Here to Agree	use including hardware or software, which meets the	accuracy, formatting, and other requirements, con-	raineri —
By submittal of this form, the consultant attests to the accuracy of the equipment list(s) submitted with this application for Work Group 9, and further acknowledges that any falsification of information contained on the equipment list(s) may result in denial, suspension, or revocation of qualification.  4. CERTIFICATION*  By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or em of the firm or any of its affiliates (as defined in s. 337.165(1)(a), F.S.), have been criminally or civilly charged with antitrust crim under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation vrespect to a public contract, or any other contract related crimes pursuant to s. 337.165, F.S., except for matters previously distorted to the Department and with the Clerk of Agency Proceedings; that they have neither been barred nor suspended from conside for work with any other governmental entity; and that the employment practices of this organization fully comply with the Title to provisions of the 1964 Civil Right Act.  Check Here to Agree  By submittal of this form, I further acknowledge that it is the responsibility of this firm to submit a revised application in the ever change in status; including a change in ownership, a change in the form of the business entity under which this firm operates, change in any of the staff used to qualify this firm to perform any type of work, or any other change which affects an element to Department considers under Rule 14-75.0002, F.A.C.  Check Here to Agree  a. Typed Name of Submitting Principal:  b. Title:  Vice President  Vice President	3. GEOTECH EQUIPMENT (To be completed by	applicants for Group 9 Work Types only. List in-hou	use equipment only.)
Agree equipment list(s) may result in denial, suspension, or revocation of qualification.  4. CERTIFICATION*  By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or em of the firm or any of its affiliates (as defined in s. 337.165(1)(a), F.S.), have been criminally or civilly charged with antitrust crim under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation or respect to a public contract, or any other contract related crimes pursuant to s. 337.165, F.S., except for matters previously dis to the Department and with the Clerk of Agency Proceedings; that they have neither been barred nor suspended from conside for work with any other governmental entity; and that the employment practices of this organization fully comply with the Title of the staff used to qualify this firm to perform any type of work, or any other change which affects an element to Department considers under Rule 14-75.0002, F.A.C.  Check Here to Agree  a. Typed Name of Submitting Principal:  b. Title:  Vice President  Vice President	Submit a list of in-house equipment. Sub-contracted e	equipment list may be provided for Work Type 9.1 o	nly.
By submittal of this form, I certify that the information contained in this package is true and correct to the best of my knowledge that this firm is duly authorized to conduct business in the State of Florida; that neither the firm, nor any officer, director, or em of the firm or any of its affiliates (as defined in s. 337.165(1)(a), F.S.), have been criminally or civilly charged with antitrust crim under state or federal law which involved fraud, bribery, collusion, conspiracy, antitrust violations, material misrepresentation verspect to a public contract, or any other contract related crimes pursuant to s. 337.165, F.S., except for matters previously distored to the Department and with the Clerk of Agency Proceedings; that they have neither been barred nor suspended from consider for work with any other governmental entity; and that the employment practices of this organization fully compty with the Title Verovisions of the 1964 Civil Right Act.  Check Here to Agree  By submittal of this form, I further acknowledge that it is the responsibility of this firm to submit a revised application in the even change in status; including a change in ownership, a change in the form of the business entity under which this firm operates, change in any of the staff used to qualify this firm to perform any type of work, or any other change which affects an element to Department considers under Rule 14-75.0002, F.A.C.  Check Here to Agree  a. Typed Name of Submitting Principal:  b. Title:  C. Date:  Robin Malacrea  Vice President	application for Work Group 9, and further acknowledge	ies that any taisitication of information contained of	is Check Here to Agree
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a. Typed Name of Submitting Principal:  Robin Malacrea  b. Title:  C. Date:  Vice President  12-27-16	By submittal of this form, I further acknowledge that is change in status; including a change in ownership, a change in any of the staff used to qualify this firm to	change in the form of the business entity under winder with perform any type of work, or any other change which	iich this tirm operates, a
Robin Malacrea Vice President 12-27-16	☐ Check Here to Agree		
Robin Malacrea Vice Fredrich	a. Typed Name of Submitting Principal:	b. Title:	c. Date:
d Cinneture of Cultmitting Dringing):		an B Mark	12-27-16
d. Signature of Submitting Finicipal.	Robin Malacrea	Vice President	

<sup>\*</sup> Sections marked with an asterisk are required for all firms. Please refer to the instructions document for additional information.

#### 375-030-84 PROCUREMENT 05/15

# STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION QUALIFYING STAFF EMPLOYMENT CERTIFICATION FORM

Firm Name: Louis Berger U.S., Inc.
I, the undersigned, certify that all staff submitted in the Request for Qualification Package for Professional Services Consultants (form 375-030-01) are bona fide employees of the above named firm or are under exclusive contract to the firm;
are not employees of or under contract to any affiliate firms, as defined by Section 337.165(1)(a), F.S.;
and are not qualifying any other firm.
Signature:
Name of Certifying Principal (Print): Robin Malacrea
Title: Vice President
Date of Certification: 12-27-16