

PARADISE RECREATION AND PARK DISTRICT

PROFESSIONAL CONSULTANT APPLICATION

SERVICE PROVIDED:			
	(Landscape Arch	nitects - Civil Engineers - Surveyors)	
COMPANY NAME:			
ADDRESS:			
		PHONE:	
FAX:	E-MAIL:	WEBSITE:	
CALIFORNIA LICENSE No:_		EXPIRES:	
YEARS OF EXPERIENCE:			
PROVIDE AN INSURANCE CERTIFICATE OF GENERAL LIABILITY INSURANCE TO INCLUDE:			
 Agent Name and Phone Number Insurance Carrier Name General Aggregate Limit Each Occurrence Limit 			
PROVIDE THE FOLLOWING INFORMATION REGARDING WORKERS' COMPENSATION INSURANCE:			
1. Agent Name and Phone Number:			
2. Insurance Carrier Name:			
BUSINESS DISTANCE FROM THE TOWN OF PARADISE?			
LIST THREE (3) CHARACTER REFERENCES (Available during review period):			
1. Name and Phone Number:			
2. Name and Phone Number:			
3. Name and Phone Number			

PARADISE RECREATION AND PARK DISTRICT

PROFESSIONAL CONSULTANT APPLICATION (continued)

LIST THREE (3) WORK PRODUCT REFERENCES (In each service provided): Attach separate sheet, if necessary.
1. Name and Phone Number:
2. Name and Phone Number:
3. Name and Phone Number:
ATTACH A COPY OF YOUR CURRENT FEE STRUCTURE.
PROVIDE SUPPORT STAFF NAMES, LICENSES, TRAINING, YEARS OF EXPERIENCE AND OTHER PERTINENT INFORMATION:
ADDITIONAL INFORMATION SHOULD BE PROVIDED ON A SEPARATE SHEET and/or DOCUMENTS (Résumé): (Four (4) page limit)
The application packets should be returned to:
PARADISE RECREATION AND PARK DISTRICT

PARADISE RECREATION AND PARK DISTRICT 6626 SKYWAY PARADISE, CALIFORNIA 95969

Phone: (530) 872-6393 ~ Fax: (530) 872-8619 Website Address: <u>www.paradiseprpd.com</u>

I certify that the answers given by me to the foregoing questions and statements are omissions of any kind. I authorize companies, clients, and persons named above to give and qualifications. I hereby release said companies, clients, and persons from all 1 information. I understand and agree that any misleading or incorrect statements or omissions.	e any information regarding my character iability for any damage for issuing this
if hired could be cause for termination. Applicant's	
Signature:	Date: