Expires: XX/XX/20XX

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0572-0059. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

"No further loan funds may be paid out under	this program unless this report is comple	1. NAME AND ADDRESS (Including <i>Zip code</i>)
		1. NAME AND ADDRESS (Including <i>Zip code</i>)
U. S. DEPARTMENT OF RURAL UTILITIES		
ARCHITECTS AND ENGINE	ERS QUALIFICATIONS	
INSTRUCTIONS - Qualification information r ble officer of engineering or architectural firm borrowers.		2. RUS PROJECT DESIGNATION (<i>If any</i>)
3. IF FIRM, LIST NAMES OF OFFICERS A	ND TITLES	4. ARE YOU OR ANY MEMBERS OF YOUR FIRM EMPLOYED OR RETAINED BY ANY ORGANIZATION ENGAGED IN: A CONSTRUCTING ELECTRIC OR TELEPHONE F'ACILI-
		TIES?
		B. MANUFACTURING OR SELLING MATERIALS OR EQUIP- MENT THEREFOR? YES NO (if yes, give particulars on a separate sheet.)
5. LIST PROJECTS COMPLETED IN THE P	AST THREE YEARS WHICH REQUIRE	D SERVICES SIMILAR TO THOSE YOU PROPOSE TO FURNISH:
5. LIST PROJECTS COMPLETED IN THE P NAME	PAST THREE YEARS WHICH REQUIRE	TYPE AND SCOPE OF SERVICES
		-
		-
		-
		-
		-
NAME	LOCATION	
NAME	LOCATION	TYPE AND SCOPE OF SERVICES
NAME	LOCATION	TYPE AND SCOPE OF SERVICES
NAME	LOCATION	TYPE AND SCOPE OF SERVICES
NAME	LOCATION	TYPE AND SCOPE OF SERVICES

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

DISTRIBUTION

TRANSMISSION DOWER PLANTS

S TELEPHONE

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	DEGREES 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)		NAME OF EMPLOYER
FROM:	TO PRESENT TIME	
POSITION		IMMEDIATE SUPERVISOR

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

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