# OHIO MEMBERSHIP APPLICATION

ACEC
American Council of Engineering Companies
*of Ohio*

| FIRM NAME | | |
|---|---|---|
| | | |
| **IF BRANCH OR SUBSIDIARY, NAME OF PARENT COMPANY** | | |
| | | |
| **ADDRESS** | | |
| | | |
| **CITY** | **STATE** | **ZIPCODE** |
| | | |
| **PHONE NUMBER** | | |
| | | |
| **WEBSITE** | **NUMBER OF FULL-TIME EMPLOYEES IN ALL OHIO OFFICES** | |
| | | |

| **Official firm representative** | |
|---|---|
| **NAME** | **TITLE** |
| | |
| **EMAIL** | **PROFESSIONAL ROLE IN FIRM** |
| | |

| **Other members to receive ACEC Ohio communications** | |
|---|---|
| **NAME** | **TITLE** |
| | |
| **EMAIL** | **PROFESSIONAL ROLE IN FIRM** |
| | |
| **NAME** | **TITLE** |
| | |
| **EMAIL** | **PROFESSIONAL ROLE IN FIRM** |
| | |

| NAME | TITLE |
|---|---|
| | |
| **EMAIL** | **PROFESSIONAL ROLE IN FIRM** |
| | |

**Business organization type/ownership (check one)**

- (●) Cooperative
- ( ) Corporation
- ( ) Subchapter S Corporation
- ( ) Public
- ( ) Private
- ( ) Joint Venture
- ( ) Limited Partnership
- ( ) Limited Liability Company (LLC)
- ( ) Partnership
- ( ) Sole Proprietorship

**Minority status/special business classifications (check all that apply)**

- ( ) Certified Small Business
- ( ) Minority Business Enterprise (MBE)
- ( ) Women's Business Enterprise (WBE)
- ( ) Disadvantaged Business Enterprise (DBE)
- ( ) Service Disabled Veteran Owned Business

| CERTIFICATE OF AUTHORIZATION NUMBER *(OR P.E. LICENSE NUMBER IF SOLE PROPRIETORSHIP)* | |
|---|---|

**FIRM DESCRIPTION** *(BRIEF DESCRIPTION OF THE FIRM'S ACTIVITIES IN 50 WORDS OR LESS)*

**Disciplines: Please indicate which services this firm is qualified to provide in-house**

- ◯ Acoustical/Air/Noise/Vibration
- ◯ Architectural
- ◯ Chemical
- ◯ Civil – Aviation
- ◯ Civil – General Municipal
- ◯ Civil – Structural
- ◯ Civil – Transportation
- ◯ Construction Management
- ◯ Electrical
- ◯ Environmental
- ◯ Fire/Earthquake/Hazards/Safety
- ◯ Forensic
- ◯ Geotechnical
- ◯ Hydrology/Hydrogeology
- ◯ Industrial
- ◯ IT/Communications Systems
- ◯ Laboratory Research Facilities
- ◯ Land Development
- ◯ Marine & Coastal
- ◯ Materials Handling
- ◯ Mechanical
- ◯ Mining
- ◯ Nuclear/Petroleum/Energy
- ◯ Planning
- ◯ Plumbing
- ◯ Surveying/GIS/Mapping
- ◯ Water/Wastewater

| | |
|---|---|
| **PERCENTAGE OF YOUR FIRM'S REVENUE THAT COMES DIRECTLY OR INDIRECTLY FROM *PUBLIC* SECTOR CLIENTS:** | % |
| **PERCENTAGE OF YOUR FIRM'S REVENUE THAT COMES DIRECTLY OR INDIRECTLY FROM *PRIVATE* SECTOR CLIENTS:** | % |

I hereby certify that my firm is engaged in the independent practice of consulting engineering in compliance with the laws of the state of Ohio.

**Signature of principal** _____ **Date** ___/___/___

**Mail completed application to:**

American Council of Engineering Companies of Ohio
1650 Lake Shore Drive, Suite 200
Columbus, OH 43204

**Questions?**

Call 614-487-8844 or email *admin@acecohio.org*

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