

**INSTRUCTIONS:** Please complete, sign and submit this form to Maher Khansa at [maher.khansa@houstontx.gov](mailto:maher.khansa@houstontx.gov).

1. Name of firm/corporation or person. \_\_\_\_\_

2. Office street address, telephone number and email.

\_\_\_\_\_  
*Address*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Email*

3. Mailing address (if different from office).

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

4. Official(s) to be contacted, telephone number(s).

\_\_\_\_\_  
*Official's Name*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Official's Name*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone Number*

5. How many years has your organization been in the ERRC business? \_\_\_\_\_

6. How many years has your organization been in business under its present name? \_\_\_\_\_

7. If a corporation,

(a) Date of incorporation: \_\_\_\_\_

(b) State of incorporation: \_\_\_\_\_

(c) Names of principal officers: \_\_\_\_\_

## ERRC DESIGNER/LEAD INSTALLATION PERSONNEL QUALIFICATION STATEMENT

8. If an individual or a partnership, answer the following:

(a) Date of organization: \_\_\_\_\_

(b) Name and address of all partners (Indicate whether general or limited partnership).

_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited

9. List the names and experience of the key individuals in your organization. (Use separate sheet if necessary)

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

10. Attach copies of certification and/or accreditation of your ERRC Personnel such as FCC, Manufacturer Certification and other nationally recognized agencies.

If certified by manufacturer, provide the manufacturer's name \_\_\_\_\_

11. List all Texas Registered Professional Engineers and their registration number.

a. _____	c. _____
b. _____	d. _____

12. Please have the ERCC Designer/Lead Installation Personnel sign, seal and date this form.

\_\_\_\_\_  
*ERCC Designer/Lead Installation Personnel Printed Name*

\_\_\_\_\_  
*ERCC Designer/Lead Installation Personnel Signature*

\_\_\_\_\_  
*Date*

(SEAL)