

TYPE I-B PROFESSIONAL DESIGN SERVICES INFORMATION SHEET

QUALIFICATIONS STATEMENT

2017 Update

Firm Name: _____

Contact Person: _____

**Mailing
Address:** _____

Title: _____

Phone: _____

Fax: _____

**Street
Address:** _____

E- Mail Address: _____

Years present firm established: _____

Please remember to include:

- Proof of current insurance coverage.
- Your firm's current license to practice in the State of Louisiana.