## OHIO MEMBERSHIP APPLICATION



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	Joint Venture		
Corporation	Limited Partnership		
Subchapter S Corporation	○ Limited Liability Company (LLC)		
Public	Partnership		
O Private	Sole Proprietorship		
Minority status/special business classifications (cl	neck all that apply)		
Certified Small Business	Disadvantaged Business Enterprise (DBE)		
Minority Business Enterprise (MBE)	Owned Business		
○ Women's Business Enterprise (WBE)			
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	Industrial		
<b>○</b> Architectural	O IT/Communications Systems		
Chemical	Laboratory Research Facilities		
Civil - Aviation	C Land Development		
Civil - General Municipal	Marine & Coastal		
Civil - Structural	Materials Handling		
Civil - Transportation	Mechanical		
Construction Management	Mining		
○ Electrical	Nuclear/Petroleum/Energy		
Environmental	Planning		
Fire/Earthquake/Hazards/Safety	Plumbing		
Forensic	Surveying/GIS/Mapping		
Geotechnical	○ Water/Wastewater		
O Hydrology/Hydrogeology			
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:			
ARE YOU JOINING TO PARTICIPATE IN ACEC'S LIFE/HEALTH TRUST? O YES O NO			
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?** 

