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 o	ut under this program unle	ess this report is complet		• •
			1. NAME AND ADDRESS (Incl	uding Zip code)
U. S. DEPARTMENT OF AGRICULTURE RURAL UTILITIES SERVICE				
ARCHITECTS AND ENGINEERS QUALIFICATIONS				
INSTRUCTIONS - Qualification information requested is to be furnished by responsible officer of engineering or architectural firm submitting qualifications to RUS borrowers.			2. RUS PROJECT DESIGNATIO	on (<i>it any)</i>
3. IF FIRM, LIST NAMES OF OFFICERS AND TITLES				RS OF YOUR FIRM EMPLOYED
			OR RETAINED BY ANY OF A CONSTRUCTING ELEC	RGANIZATION ENGAGED IN: TRIC OR TELEPHONE F'ACILI-
			TIES?	YES NO
			B. MANUFACTURING OR	SELLING MATERIALS OR EQUIP-
			MENT THEREFOR?	YES NO
			(if yes, give particulars on a s	eparate sheet.)
5. LIST PROJECTS COMPLETED	IN THE PAST THREE YEA	ARS WHICH REQUIRED	SERVICES SIMILAR TO THOS	SE YOU PROPOSE TO FURNISH:
NAME	LC	CATION	TYPE AND SCOR	PE OF SERVICES
	-	-		
6. STATE BRIEFLY THE FACILIT	IES AVAILABLE FOR USE	E ON THIS PROJECT.	ALSO LIST ASSOCIATES WHO	MAY PERFORM SERVICES.
_				
7. INDICATE TYPES OF SERVICE	S TO BE PERFORMED F	OR RUS BORROWERS	:	
DISTRIBUTION	TRANSMISSION	POWER PLANTS	TELEPHONE	ARCHITECTURAL
8 LIST STATES OR AREAS IN W	HICH SUCH SERVICES W	/ILL BE PROVIDED:		
DATE		SIGNATURE OF ARCHITECT OR ENGINEER		

QUALIFIC	CATIONS OF PRINCIPAL ENGIN	<u>ERS OR</u>	ARCHITECTS	<u> </u>	
NAME	TITLE OF POSIT	ION		AGE	
NAME OF COLLEGE ATTENDED'				DATES ATTENDED	
	I GRADUATED				
MAJOR COURSE OF STUDY	GRADUATED			DEGREES CONFERRED	
		YES	NO		
OTHER COURSES OR TRAINING					
LIST THE STATES IN WHICH YOU ARE ELIGIBI	LE TO PRACTICE ENGINEERING	/ARCHIT	ECTURE AND	GIVE YOUR LICENSE NUMBERS	
Give a statement of your past experience incl	luding dates and immediate su	pervisor	s listing pres	ent status first followed by statement	
of earlier employment for the past 10 years.	It is important to state the exte	nt of res	sponsibility a	nd independent action which you have	
had in these positions. This description of th	e technical nature of your dut	ies is on	e of the most	important parts of your qualification	
Give a statement of your past experience include of earlier employment for the past 10 years. I had in these positions. This description of the We are interested in specific experience in the	e types of services you propos	e to perf	orm such as o	design, preparation of plans and speci-	
fications, supervision of construction, and pr	reparation of engineering stud	lies and	reports.		
•			•		
	STATUS (If additional space is ne			et.)	
DATES OF EMPLOYMENT (Month, year)		NAME O	F EMPLOYER		
FROM:	TO PRESENT TIME				
POSITION		IMMEDIA	TE SUPERVIS	OR	
	-				
DATES OF EMPLOYMENT (Month, year)	NAME	OF EMPL	OYER		
FROM: TO:					
POSITION	IMMED	IMMEDIATE SUPERVISOR			
DATES OF EMPLOYMENT (Month, year)	NAME	OF EMPL	OYER		
FROM: TO:					
POSITION	IMMED	ATE SUP	ERVISOR		
	-				

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