

6. Brief resume of key persons, specialists, and individual consultants employed by sub-consultants anticipated for **this Specific Project.**

a. Name and Title: _____	a. Name and Title: _____
b. Project Assignment: _____	b. Project Assignment: _____
c. Name of firm with which associated: _____	c. Name of firm with which associated: _____
d. Years experience - with this firm: _____ with other firms: _____	d. Years experience - with this firm: _____ with other firms: _____
e. Education: Degree(s)/Year/Specialization _____	e. Education: Degree(s)/Year/Specialization _____
_____	_____
f. Active Registration (State/Year first registered/Discipline/Oklahoma License Number): _____	f. Active Registration (State/Year first registered/Discipline/Oklahoma License Number): _____
_____	_____
Oklahoma Certificate of Authority (if any): _____	Oklahoma Certificate of Authority (if any): _____
g. Dominate experience and qualifications <u>relevant</u> to this Specific Project: _____	g. Dominate experience and qualifications <u>relevant</u> to this Specific Project: _____