

Certification of Professional Qualifications

I hereby certify that I am qualified to prepare the type of plan(s) indicated below and I have an active unexpired license or certification. Complete the necessary information, sign, and date.

PROFESSIONAL QUALIFICATION	Landscape Plan	Irrigation Plan
1. Colorado Licensed Landscape Architect	<input checked="" type="radio"/> Yes	Yes
2. I.A. Certified Irrigation Designer	<input type="radio"/> No	Yes

REQUIRED INFORMATION: (Please check one box, and complete all the information)

Colorado Licensed Landscape Architect

I.A. Certified Irrigation Designer

License or Certification Number: _____

Name (print)

Andrzej Papierski

Signature

Date