

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	Yes	Yes
2. I.A. Certified Irrigation Designer	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)

Signature

Date