TEXAS
Health and Human Services

EXHIBIT G

Professional Design Services Statement of Professional Services Certification

Exhibit G

RFQ #HHS0010333
Professional Design Services
Statement of Professional Services Certification

This is to certify that _____
is in compliance with the rules and statutes issued by:

_____Texas Board of Architectural Examiners

And/or

_____Texas Board of Professional Engineers)
within the last five (5) years.

This statement does also certify that the person(s) in charge of overseeing the project are permanent employees licensed in the State of Texas to practice:

_____Professional Architectural Services

And/or

_____Professional Engineering Services
and have not been disciplined within the last five (5) years by the applicable governing body.

Signature:_____

Printed Name and Title: _____

Name of Firm: _____

Date of Signature: _____

JURAT/AFFIDAVIT CERTIFICATE

The State of Texas
County of _____

Subscribed and sworn to before me, the undersigned notary public, on this_____day of_____, 20_____by_____to be the person whose name on the above document who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

(Seal)

_____
(Notary's Signature)
Notary Public, State of Texas