



Planning and Community Development
 1812 Main Street, PO Box 257
 Lake Stevens WA 98258
 Phone Number (425) 377-3235

To Be Completed By Staff Date of Application: _____ Staff Initials: _____ Application Number: _____

PREFERRED CONSULTANT PROGRAM APPLICATION

Instructions:

- Carefully read the criteria related to the preferred status you are applying for.
- Provide all the information requested by typing or printing in ink.
- Be sure to sign and date the application.

Applicant	Contact Name:	
	Firm Name:	
	Mailing Address:	
	City/State/Zip:	Phone:
	Fax:	Email:

Area of Expertise to be considered for: (check one or all that apply)

- Wetland Biologist
 Geotechnical Consultant
 Stream Biologist

Education/Qualifications

College or University	Location (City & State)	Dates (From/To)		Graduate/G.E.D.	
		/	to	/	<input type="checkbox"/> YES <input type="checkbox"/> NO
Degree Title	Date	Major		# of Years Completed	
Do you have at least 2 years of related work experience in your discipline? (attach additional pages if needed to explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you licensed in the State of WA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you possess a current Lake Stevens Business License?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valid professional licenses/certificates		Type of License		Issuing State	
Registration No.		Expiration Date			
For Geotechnical Consultant Only:					
State License Number:		Expiration Date:			
Other Training	Location (City & State)	Dates (From/To)			

Other Training	Location (City & State)	Dates (From/To)
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Experience

In this section, provide examples of three successful peer-reviewed projects in Lake Stevens; or attach written recommendations of three successful peer-reviewed projects from comparable jurisdictions.

Permit Number	Applicant Name/Property Address	Describe the extent of your involvement in the project (attach additional pages if needed.)

I CERTIFY THAT ALL STATEMENTS ON MY APPLICATION MATERIALS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT THE APPLICATION IS TRUE, CORRECT AND COMPLETE.

Signature

Date of Application