EXHIBIT A – PROPOSED KEY PERSONNEL

PSB 26-4

Please provide the information for the following Key Project Personnel, (Key Project Personnel are defined as those specific positions identified in each PSB Item and are subject to approval by the Illinois Tollway if they change during contract performance), including the staff from the Sub-Consultants. **The personnel named in Exhibit A must also be listed on Exhibit D**: Availability of Key Project Personnel.

Project Manager (Items 1, 2, 3, 4, 5, 6, 7, 11, 12, 13, 14)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Project Manager (Items 8, 9, 10)			
Name:			
Firm:			
Category:	IL Licensed Professional or Structural Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Project Engineer (Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Roadway Designer (Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 14)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Structural Designer (Items 1, 2, 3, 4, 5, 7, 8, 9, 10, 12, 14)			
Name:			
Firm:			
Category:	IL Licensed Structural Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Drainage Designer (Items 1, 2, 3, 4, 14)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Electrical Designer (Items 5, 6, 11, 13)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

Environmental Lead (Items 1, 2, 3, 4, 14)			
Name:			
Firm:			
Category:			
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

QC/QA Reviewer – Roadway* (Items 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12, 14)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

QC/QA Reviewer – Structural** (Items 1, 2, 3, 4, 5, 8, 9, 10, 12, 14)			
Name:			
Firm:			
Category:	IL Licensed Structural Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

QC/QA Reviewer (Item 11, 13)			
Name:			
Firm:			
Category:	IL Licensed Professional Engineer		
License #:			
Year Registered:		State:	
Office Address:			
City:		State:	

*May be the same person as QC/QA Reviewer - Structural, if applicable to the Item's Key Personnel

** May be the same person as QC/QA Reviewer -Roadway, if applicable to the item's Key Personnel