

CERTIFICATE OF INTERESTED PARTIES		FORM 1295 <small>1 of 1</small>																									
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING																									
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. SWCA Environmental Consultants San Antonio, TX United States		Certificate Number: 2017-187727 Date Filed: 04/04/2017 Date Acknowledged:																									
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF SAN ANTONIO TRANSPORTATION & CAPITAL IMPROVEMENTS																											
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. RFQ # 02242017CM Providing on-call or as needed professional environmental consulting services.																											
4	Name of Interested Party	City, State, Country (place of business)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 2px;"> Nature of interest (check applicable) </th> </tr> <tr> <th style="text-align: center; padding: 2px;"> Controlling </th> <th style="text-align: center; padding: 2px;"> Intermediary </th> </tr> </thead> <tbody> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </tbody> </table>	Nature of interest (check applicable)		Controlling	Intermediary																				
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5 Check only if there is NO Interested Party. <input checked="" type="checkbox"/>																											
6 AFFIDAVIT																											
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.																											
AFFIX NOTARY STAMP / SEAL ABOVE		Signature of authorized agent of contracting business entity																									
Sworn to and subscribed before me, by the said <u>Robert Zackowicz</u> , this the <u>5th</u> day of <u>April</u> , 20 <u>17</u> , to certify which, witness my hand and seal of office.																											
Signature of officer administering oath		Printed name of officer administering oath Nickale Lucinda Beltran Title of officer administering oath																									