

As outlined in the Solicitation, included in this section are the following:

- Attachment 1 – Submittal Form
- Attachment 4 – Team Composition
- Sunbiz Registration – 2021 Florida Profit Corporation Amended Annual Report (June 1, 2021)
- W-9 Form
- Completed Addenda Issued
- Certificate of Liability Insurance
- Registrations (Licenses)

The undersigned hereby declares that: Ardaman & Associates, Inc. has examined and accepts the specifications, terms, and conditions presented in this Solicitation, satisfies all legal requirements to do business with the County, and to furnish **As Needed Geologic and Hydrogeologic Services** for which Submittals were advertised to be received no later than 3:00 P.M. Eastern time on the date stated in the solicitation or as noted in an addenda. Furthermore, the undersigned is duly authorized to execute this document and any contracts or other transactions required by award of this Solicitation.

1.0 TERM OF CONTRACT

The Contract will be awarded for an initial one (1) year term with the option for two (2) subsequent two (2) year renewals. Renewals are contingent upon mutual written agreement.

The Contract will commence upon the first day of the next calendar month after Board approval. The Contract remains in effect until completion of the expressed and implied warranty periods. The County reserves the right to negotiate for additional services/items similar in nature not known at time of solicitation.

2.0 METHOD OF PAYMENT

The Contractor must submit an accurate invoice to the County's using department's email. The date of the invoice must be after delivery but no more than 30 calendar days after delivery. Invoices must reference the: purchase or task order; delivery date, delivery location, and corresponding packing slip or delivery ticket signed by a County representative at the time of acceptance. Failure to submit invoices in the prescribed manner will delay payment.

Payments will be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes. The County will remit full payment on all undisputed invoices within 45 days from receipt by the appropriate County using department. The County will pay interest not to exceed 1% per month on all undisputed invoices not paid within 30 days after the due date.

All pricing will be FOB Destination unless otherwise specified in this solicitation document. Pricing submitted will remain valid for a ninety (90) day period.

Vendor accepts MasterCard for payment: YES

3.0 CERTIFICATION REGARDING LAKE COUNTY TERMS AND CONDITIONS:

I certify that I have reviewed the [General Terms and Conditions for Lake County Florida](#) and accept the Lake County General Terms and Conditions dated 5/6/21 as written including the Proprietary/Confidential Information section. YES Failure to acknowledge may result in Submittal being deemed non-responsive.

4.0 CERTIFICATION REGARDING FELONY CONVICTION:

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? NO

5.0 CONFLICT OF INTEREST DISCLOSURE CERTIFICATION:

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this Submittal is made without prior understanding, agreement, or connection with any

corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud. N/A

6.0 CERTIFICATION REGARDING BACKGROUND CHECKS:

Under any County Contract that involves Contractor or subcontractor personnel working in proximity to minors, the Vendor hereby confirms that any personnel so employed will have successfully completed an initial, and subsequent annual, Certified Background Check, completed by the Contractor at no additional cost to the County. The County retains the right to request and review any associated records with or without cause, and to require replacement of any Contractor employee found in violation of this requirement. Contractor shall indemnify the County in full for any adverse act of any such personnel in this regard. Additional requirements may apply in this regard as included within any specific contract award. YES

7.0 DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

The County does not establish specific goals for minority set-asides however, participation by minority and non-minority qualified firms is strongly encouraged. If the firm is a minority firm or has obtained certification by the State of Florida, Office of Supplier Diversity, (OSD) (CMBE), please indicate the appropriate classification(s) Choose an item. Choose an item.
and enter OSD Certification Number N/A
and enter effective date N/A to date N/A

8.0 RECIPROCAL VENDOR PREFERENCE:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

- A. Primary business location of the responding Vendor: Click or tap here to enter text.
- B. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: Choose an item. If “yes” is checked, provide supporting detail: N/A

9.0 GENERAL VENDOR INFORMATION:

Firm Name: Ardaman & Associates, Inc.

Street Address: 8008 S. Orange Avenue

City: Orlando State and ZIP Code: Florida 32809

Mailing Address (if different): Click or tap here to enter text.

Telephone: 407-855-3860 Fax: 407-859-8121

Federal Identification Number / TIN: 59-2984496

DUNS Number: 060253853

10.0 SUBMITTAL SIGNATURE:

I hereby certify the information indicated for this Submittal is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an authorized representative of this Vendor and/or empowered to execute this Submittal on behalf of the Vendor.

2021 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# L40551

Entity Name: ARDAMAN & ASSOCIATES, INC.

Current Principal Place of Business:

8008 SOUTH ORANGE AVE.
ORLANDO, FL 32809

FILED
Jun 01, 2021
Secretary of State
7356017683CC

Current Mailing Address:

3475 E. FOOTHILL BLVD.
PASADENA, CA 91107 US

FEI Number: 59-2984496

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SRVPAS
Name COX, ERNEST A. III
Address 8008 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32809

Title VPD
Name LEMMON, RICHARD A.
Address 3475 E. FOOTHILL BLVD.
City-State-Zip: PASADENA CA 91107

Title T
Name BURDICK, STEVEN M
Address 3475 E. FOOTHILL BLVD.
City-State-Zip: PASADENA CA 91107

Title SRVPAT
Name GARLANGER, JOHN E.
Address 8008 SOUTH ORANGE AVENUE
City-State-Zip: ORLANDO FL 32809

Title VP
Name BATRACK, DAN L.
Address 3475 EAST FOOTHILL BLVD.
City-State-Zip: PASADENA CA 91107

Title SENIOR VICE PRESIDENT
Name LETO, THOMAS J.
Address 1525 CENTENNIAL DRIVE
City-State-Zip: BARTOW FL 33830

Title VP
Name CUNNINGHAM, CHARLES H.
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title VP
Name HORTA, EVELIO N.
Address 2608 WEST 84TH STREET
City-State-Zip: HIALEAH FL 33016

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PRESTON HOPSON

SECRETARY

06/01/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name WILSON, MICHAEL
Address 3175 WEST THARPE STREET
City-State-Zip: TALLAHASSEE FL 32303

Title VP
Name CHEUNG, FRANCIS K.
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title VP
Name MANNING, JASON P.
Address 1300 N. COCOA BOULEVARD
City-State-Zip: COCOA FL 32922

Title ASSISTANT VICE PRESIDENT
Name ZRALLACK, DANIEL J.
Address 460 NW CONCOURSE PLACE
UNIT #1
City-State-Zip: PORT ST. LUCIE FL 34986

Title ASSISTANT VICE PRESIDENT
Name HOOVER, ASHBY
Address 1724 BARBER ROAD
City-State-Zip: SARASOTA FL 34240

Title VP
Name HOME, RODRIGO
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title VP
Name BROWNLIE, WILLIAM R.
Address 3475 EAST FOOTHILL BLVD.
City-State-Zip: PASADENA CA 91107

Title ASSISTANT VICE PRESIDENT
Name RUNKLES, BRIAN D.
Address 1525 CENTENNIAL DRIVE
City-State-Zip: BARTOW FL 33830

Title ASSISTANT VICE PRESIDENT
Name ROLO, REINALDO
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT VICE PRESIDENT
Name SOKOLIC, IVAN F
Address 9970 BAVARIA ROAD
City-State-Zip: FT MYERS FL 33913

Title ASSISTANT VICE PRESIDENT
Name PARKER, JASON M

Title VP
Name INGRA, THOMAS S.
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title VP
Name SHRESTHA, RAJENDRA K.
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT VICE PRESIDENT
Name DODSON, ROBERT E.
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title VP
Name RIAD, ASHRAF H.
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title PRESIDENT
Name AL-HAWAREE, MOHAMAD
Address 8008 SOUTH ORANGE AVE.
City-State-Zip: ORLANDO FL 32809

Title ASSISTANT VICE PRESIDENT
Name STEVENS, WHITNEY A.
Address 3925 COCONUT PALM DRIVE
SUITE 115
City-State-Zip: TAMPA FL 33619

Title ASSISTANT VICE PRESIDENT
Name ROUSSET, ROBERT E.
Address 101 TEAL STREET
City-State-Zip: SAINT ROSE LA 70087

Title ASSISTANT VICE PRESIDENT
Name JEWELL, ROBERT E.
Address 316 HIGHLANDIA DRIVE
City-State-Zip: BATON ROUGE LA 70810

Title SECRETARY
Name HOPSON, PRESTON
Address 3475 E FOOTHILL BLVD
City-State-Zip: PASADENA CA 91107

Title ASSISTANT VICE PRESIDENT
Name ZRALLACK, MARK
Address 1724 BARBER ROAD
City-State-Zip: SARASOTA FL 34240

Address 8008 SOUTH ORANGE AVE

City-State-Zip: ORLANDO FL 32809

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ardaman & Associates, Inc.</p> <p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input checked="" type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 8008 S. Orange Avenue</p> <p>6 City, state, and ZIP code Orlando, FL 32809</p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
5	9	-	2	9	8	4	4	9
								6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ </p>	<p>Date ▶ </p>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



REAL FLORIDA • REAL CLOSE
Office of Procurement Services

P.O. Box 7800 • 315 W. Main St., Suite 441 • Tavares, FL 32778

SOLICITATION: As-Needed Geologic and Hydrogeologic Services

10/05/2021

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THE DATE FOR RECEIPT OF PROPOSALS IS CHANGED TO OCTOBER 12, 2021

ADDITIONAL INFORMATION

Remove and replace Exhibit A – Scope of Work/Services with Exhibit A – Scope of Work/Services REVISED.

ACKNOWLEDGEMENT

Firm Name: Ardaman & Associates, Inc.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: *Jason Parker, P.E.*

Date: 10/5/2021

Print Name: Jason Parker, P.E.

Title: Assistant Vice President

Primary E-mail Address: jparker@ardaman.com

Secondary E-mail Address: [Click or tap here to enter text.](#)



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/27/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Insurance Services West, Inc. Los Angeles CA Office 707 Wilshire Boulevard Suite 2600 Los Angeles CA 90017-0460 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Ardaman & Associates, Inc. 8008 South Orange Avenue Orlando FL 32809 USA	INSURER A: Zurich American Ins Co		16535
	INSURER B: American Guarantee & Liability Ins Co		26247
	INSURER C: Lexington Insurance Company		19437
	INSURER D: American International Group UK Ltd		AA1120187
	INSURER E:		
	INSURER F:		

Holder Identifier :

COVERAGES	CERTIFICATE NUMBER: 570089527509	REVISION NUMBER:
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X,C,U Coverage GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL0181740603	10/01/2021	10/01/2022	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 1857085 03	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$100,000			62785232	10/01/2021	10/01/2022	EACH OCCURRENCE	\$5,000,000
							AGGREGATE	\$5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			wc254061603	10/01/2021	10/01/2022	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
B				wc185708703	10/01/2021	10/01/2022	E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
C	Env Contr Prof			018182375 Prof/Poll -Claims Made SIR applies per policy terms & conditions	10/01/2021	10/01/2022	Each Claim	\$5,000,000
							Aggregate	\$5,000,000

Certificate No : 570089527509

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Stop Gap Coverage for the following states: OH, ND, WA,WY.

CERTIFICATE HOLDER**CANCELLATION**

Ardaman & Associates, Inc. 8008 South Orange Avenue Orlando FL 32859 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Aon Risk Insurance Services West, Inc.</i>





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Licensee Details

Licensee Information	
Name:	ARDAMAN & ASSOCIATES, INC. (Primary Name)
Main Address:	8008 S. ORANGE AVENUE ORLANDO Florida 32809
County:	ORANGE
License Mailing:	
License Location:	

License Information	
License Type:	Registry
Rank:	Registry
License Number:	5950
Status:	Current
Licensure Date:	03/29/1991
Expires:	

Special Qualifications	Qualification Effective

Alternate Names

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2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Centers: 850.467.1395





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1:27:12 PM 6/15/2021

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Licensee Details

This is a business tracking record only.
[Click here for information on how to verify that this business is properly licensed.](#)

Licensee Information	
Name:	ARDAMAN & ASSOCIATES, INC (Primary Name)
Main Address:	8008 SOUTH ORANGE AVENUE BELLE ISLE Florida 32809
County:	ORANGE
License Mailing:	
License Location:	

License Information	
License Type:	Geology Business Information
Rank:	Business Info
License Number:	
Status:	Current_Active
Licensure Date:	12/08/1992
Expires:	

Special Qualifications	Qualification Effective

Alternate Names

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[View License Complaint](#)

2601 Blair Stone Road, Tallahassee FL 32399 :: Email: [Customer Contact Center](#) :: Customer Contact Centers: 850.467.1395