



STATE..... MASSACHUSETTS
CITY..... E. MILTON..... COUNTY..... NORFOLK
DATE..... Feb. 3, 1953.....

ARCHITECTS' ROSTER QUESTIONNAIRE

TO EVERY ARCHITECT IN THE UNITED STATES AND ITS POSSESSIONS:

The Architects' Roster is maintained by The American Institute of Architects as a service to the profession as a whole and to agencies of the United States Government. Every registered architect, whether or not a member of The Institute, is eligible for inclusion in the Roster. The Institute maintains custody of the Roster, keeps it up to date and in good order for use. The Roster is available to any representative of the Government and to representatives of foreign governments in Washington. Reference may be made to The Architects' Roster in negotiations with government agencies and other interested parties. Experience with the Roster since its establishment in 1946 has shown its usefulness. Growing out of an earlier Register of architects qualified for public works, The Roster provides at The Octagon an accurate, current record of the qualifications and achievements of members of the profession. It allows a positive and helpful response to requests for factual information on architects, and in that way constitutes a service to the profession.

The American Institute of Architects assumes no responsibility for the accuracy of statements made in this Questionnaire. The obligation to maintain this record as a current description of an architectural firm rests with the firm, and supplementary record forms are available for this purpose.

PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY.

Original and one copy to be mailed to THE ARCHITECTS' ROSTER, The American Institute of Architects, 1735 New York Avenue, N. W., Washington 6, D. C. One copy to be retained by the author.

1 a FIRM (Indicate whether individual, partnership or corporation.)

..... FRANK IRVING COOPER ASSOCIATES

b FORMER FIRM, Name if any.....

2 STREET ADDRESS 554 Pleasant Street, E. Milton, Mass Phone.....

3 YEAR ESTABLISHED 1890

4 PERSONAL HISTORIES OF PRINCIPALS

Furnish data complete, but keep to essentials. Describe each member of firm individually; if more than four, append extra sheets.

Ralph G Stebbins

NAME OF PRINCIPAL

Gregory Cooper

NAME OF PRINCIPAL

- a Date of Birth.....
- b Place of Birth.....
- c Education.....
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- d Experience Prior to Own Practice
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
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e Commenced Practice.....

f Number of Years a Principal.....

- g Architectural Licenses (Give State, Number and Year issued.)
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h Membership in Professional Societies and Offices Held
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i Service in World Wars I and II (Append data if desired.)
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j Civic Activities
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5 REMARKS CONCERNING QUALIFICATIONS OF FIRM

(This space is best used to present qualifying information such as number of employees, amount of office space, financial information and other information presumed of interest to a prospective client. Append extra sheet or use back of this form, if necessary.)

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6 CONSULTANTS USUALLY EMPLOYED: (If a member of your staff, so state.)

a STRUCTURAL ENGINEERS

Name of Firm or Individual.....
Business Address.....

b HEATING AND VENTILATING ENGINEERS

Name of Firm or Individual.....
Business Address.....

c ELECTRICAL ENGINEERS

Name of Firm or Individual.....
Business Address.....

d PLUMBING OR SANITARY ENGINEERS

Name of Firm or Individual.....
Business Address.....

e LANDSCAPE ARCHITECTS

Name of Firm or Individual.....
Business Address.....

f OTHER (Civil, Foundation or Mechanical Engineers, Appraiser, Equipment Designers, Valuers, Industrial Lay-out Engineers, etc.)

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8 PHOTOGRAPHS/PHOTOSTATS

Not mandatory. Submit herewith photographs or photostats (size 8" x 10") of several buildings for which you have been the Architect, as follows: (N.C.A.R.B. presentation acceptable.)

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9 COLLABORATION WITH OTHER ARCHITECTS:

a As an established individual firm, are you willing to collaborate with other firms or individuals?

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b Are you and/or your firm agreeable to accepting supervision of work where designs are produced by others—or vice versa?

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c List firms (or individuals) with which you are associated at present or have an associate or working agreement: (Please furnish a letter from the other party verifying the association.)

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10 THIS QUESTIONNAIRE MAY BE MADE AVAILABLE TO GOVERNMENTAL AGENCIES

yes

no

The undersigned hereby certify that the above is a true statement of facts.

Name of Firm or Individual.....

Signed by all Principals:.....

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