

IMPORTANT NOTE—If you reside or have your principal office in the localities of a Chapter or Chapters of The Institute which are opposed to the "Architects' Roster" or the "Register of Architects Qualified for Federal Public Works", do not answer or fill out the questionnaire.

CITY OF New York

STATE OF New York

DATE April 29, 1946

QUESTIONNAIRE FOR ARCHITECTS' ROSTER AND/OR REGISTER OF ARCHITECTS QUALIFIED FOR FEDERAL PUBLIC WORKS

TYPING IS MANDATORY. PARTNERSHIPS SHOULD MAKE A JOINT RETURN ONLY.
Pink copy is to be retained by the author; other copies to be mailed to The American Institute of Architects, 1741 New York Avenue, N. W., Washington 6, D. C.

1. (a) **FIRM** (individual or partnership) Alexander Stilwell Traub
- (b) **FORMER FIRM**, if any _____
2. **BUSINESS ADDRESS** 255 Greenwich St. N.Y. City
3. **YEAR ESTABLISHED** 1895

4. PERSONAL HISTORIES OF PRINCIPALS	Name of Principal	Name of Principal
	<u>A.S. Traub</u>	

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

- (a) **Date of Birth** Nov. 7, 1872
- (b) **Education** Public School N.Y. City
grad. 1888
- Cooper Union, N.Y. City
grad. 1893 B.S.

- (c) **Experience Prior to Own Practice**
(Give architect or architectural firm affiliations, positions held, and approximate dates of employment.)
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

- (d) **Commenced Practice** started to work on construction work in 1888,

- (e) **Number of Years a Principal** 51 years

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n.y. dept.

(f) **Architectural Licenses**
(Give State, Number and Year Issued.)

New York, No 3603 Dec. 5, 1929
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.....

(g) **Professional Societies and Offices Held**

Westchester Chapter of Prof. Engs. National Society of
N.Y. State " " " Prof. Engs

(h) **Service in World Wars I and II.** (Append data if desired.)

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(i) **Civic Activities**

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5. CONSULTANTS USUALLY EMPLOYED:

(If a member of your staff, so state)

(a) **STRUCTURAL ENGINEERS**

Name of Firm or Individual A.S. Traub
Business Address

(b) **HEATING & 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

6. OTHER REMARKS RE QUALIFICATIONS:

(Append extra sheet if necessary)

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7. SUMMARY OF PROJECT COSTS:

	Largest Single Job	All Jobs Valuation	Annual Average
Work Completed 1930-1940
Work Completed 1941-1946
Current Work under construction or working drawings authorized Various alteration jobs in N.Y.City		

8. REPRESENTATIVE WORK FOR WHICH YOU WERE ARCHITECT OR WERE ASSOCIATED WITH OTHERS:

(a) Three Projects Not Exceeding Cost of \$300,000:

Name of Project	Cost	Location	Owner
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.....
.....

(b) Three Projects Costing From \$300,000 to \$1,000,000:

Name of Project	Cost	Location	Owner
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.....
.....

(c) Three Projects Costing Over \$1,000,000:

Name of Project	Cost	Location	Owner
.....
.....
.....

9. PHOTOGRAPHS/PHOTOSTATS:

The author submits herewith photographs or photostats (size 8" x 10") of several buildings for which he has been the Architect, as follows: (N.C.A.R.B. presentation acceptable.)

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10. COLLABORATION WITH JUNIOR ARCHITECTS:

(a) If an established individual or firm, are you willing to collaborate with other firms or individuals which would permit junior architects to qualify and help further their professional careers?

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(b) If in private practice at this time, name associates (if additional architects are to be added to your organization) for the purpose of qualifying:

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.....

(c) If not in private practice at this time, name established architect or firm with whom you have agreed to collaborate, for the purpose of qualifying:

.....

11.(a) I/We wish to be } included in the Architects' Roster
do not wish to be }

(b) I/We would like to be } considered for the Register of Architects Qualified for Federal Public Works
do not wish to be }

I/We hereby certify that the above is a true statement of facts.

Name of Firm or Individual

Altrant

Signed by all Principals:

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