

Employee Qualification Statement

Area Class 1.05 – Alternate Systems Planning
One Professional Engineer or Certified Planner Required

Firm Name:

Employee Name:

Professional Engineer or AICP, GA #

In brief, concise sentences and using the following format, please describe your work experiences that demonstrate your ability to evaluate alternate transportation systems, study individual corridors for specific transportation improvements, including but not limited to railroads, waterways, and terminal transfer facilities; evaluate traffic capacity, engineering feasibility, perform benefit to cost calculations, and evaluate the social, economic and environmental impacts of proposed transportation improvements or systems to the extent necessary to select the best improvement or system. This class of work is limited to the evaluation of various alternatives for transportation improvement and does not include the detailed design nor the determination of the precise location of a facility. Experience descriptions must be written in first person and must state the design personally completed.

Project Name:

GDOT PI# (If applicable):

Project Description:

List Reference (Include contact information):

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Under penalty of perjury, I certify that the above information that I have entered is true and accurate.

Signature of Employee

*Entering your name in the field above serves
as your signature on this document.*

Date

① If you encounter any difficulties with submitting this form, you may also send it directly via email. Simply save a copy of your completed form and attach it to an email to consultants_prequals@dot.ga.gov