

Employee Qualification Statement

Area Class 1.06(a) – NEPA

Firm Name: _____

Employee Name: _____

In concise and complete sentences using the format below, please list related projects and describe your work experiences that demonstrate your ability to perform work in Area Class 1.06(a). List only projects in which you have directly performed Area Class 1.06(a) work. It also must be shown that the employee has at least three years of experience in performing all aspects of NEPA **OR** at least one year experience with demonstrated completion of the courses listed below. Experience descriptions must be written in the first person and must state work that was ***personally completed***. Finally, include a *curriculum vitae* for the employee.

Project Identification number and/or description: _____

Project reference and contact information: _____

Project Responsibilities:

Project Identification number and/or description: _____

Project reference and contact information: _____

Project Responsibilities:

Project Identification number and/or description: _____

Project reference and contact information: _____

Project Responsibilities:

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Date Attended	Course Name	Vendor (or an approved substitute)
	PDP Class Georgia Department of Transportation	PDP Class Georgia Department of Transportation
	NEPA Overview National Highway Institute or FHWA Resource Center	NEPA Overview National Highway Institute or FHWA Resource Center
	Public Involvement National Highway Institute or FHWA Resource Center	Public Involvement National Highway Institute or FHWA Resource Center
	Indirect and Cumulative Impacts FHWA Resource Center	Indirect and Cumulative Impacts FHWA Resource Center or Shipley Group
	Section 4(f) FHWA Resource Center or National Preservation Institute	Section 4(f) FHWA Resource Center or National Preservation Institute
	Environmental Justice FHWA Resource Center or National Highway Institute	Environmental Justice FHWA Resource Center or National Highway Institute
	Environmental Procedures Manual- ONLINE COURSE	Georgia Department of Transportation

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