

Employee Qualification Statement

Area Class 1.06(b) – History

Firm Name: _____

Employee Name: _____

Do you meet the Secretary of Interior Guidelines for architectural historian? _____

List your undergraduate and/or graduate degrees (include fields of study):

In concise and complete sentences using the format below, please describe your work experiences that demonstrate your ability to perform work in Area Class 1.06(b). List only projects in which you have directly performed Area Class 1.06(b) work. It also must be shown that the employee has at least three years of experience with all phases of Section 106 assessments, including fieldwork (survey), resource identification, resource evaluation, and mitigation **OR** at least one year experience with demonstrated completion of the courses listed below. This experience would include use of background documentation (courthouse research, county surveys, maps, site files, context studies, etc.), supervision, HABS/HAER documentation and photography. 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: _____

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Project Responsibilities:

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Date Attended	Course Name	Vendor (or an approved substitute)
	Introduction to Section 106	National Preservation Institute <u>or</u> SRI Foundation <u>or</u> SWCA Environmental Consultants <u>or</u> Advisory Council on Historic Preservation
	Advanced Section 106	National Preservation Institute <u>or</u> SWCA Environmental Consultants <u>or</u> Advisory Council on Historic Preservation
	Ranch House Training- ONLINE COURSE	Georgia Department of Transportation
	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