

# Employee Qualification Statement

## Area Class 1.06(c) – Air Quality

Firm Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

List Licensed Air Quality Modeling Software that the firm owns: \_\_\_\_\_

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(c). List only transportation projects in which you have directly performed Area Class 1.06(c) work. It also must be shown that the employee has at least three years of experience in working with air quality modeling software such as CAL3QHC and MOVES **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)
	CAL3QHC or MOVES	TBD; Georgia Department of Transportation
	Environmental Procedures Manual- <b>ONLINE COURSE</b>	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](mailto:consultants_prequals@dot.ga.gov)