

Employee Qualification Statement

Area Class 1.06(f) – Archaeology

Firm Name: _____

Employee Name: _____

Is this individual qualified to perform Archaeology according to the Secretary of Interior standards? _____

Graduate Education: _____

Years of full-time professional experience or equivalent specialized training in archeological research, administration or management: _____

Months of supervised field and analytic experience in general North American archeology: _____

Demonstrated ability to carry research to completion: _____

Years of full-time professional experience at a supervisory level in the study of archeological resources: _____

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(f). List only projects in which you have directly performed Area Class 1.06(f) work. It also must be shown that the employee has at least three years of experience in performing all phases of Section 106 assessments including fieldwork (survey), resource identification, resource evaluation, underwater archaeology (if applicable), and mitigation **OR** at least one year experience with demonstrated completion of the courses listed below. This would include use of background documentation (courthouse research, county surveys, maps, site files, context studies, etc.), survey identification (phase I), formal site testing (phase II), data recovery excavation (phase III), supervision of personnel, geophysical methodology (if applicable), artifact analysis/interpretation, report writing/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: _____

Project Responsibilities:

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Date Attended	Course Name	Vendors (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
	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