

Employee Qualification Statement

Area Class 1.10 – Traffic Analysis

One Professional Engineer

Firm Name:

Employee Name:

Georgia Registration Type, Number, and Expiration Date (Note: Only State of Georgia registrations will be considered for prequalification purposes):

In brief, concise sentences and using the following format, please describe your work experiences that demonstrate your ability to perform work in Area Class 1.10. Project responsibilities must be written in first person and must state the traffic forecasting/projection experience that was *personally completed*.

This work consist of gathering traffic data on the existing system in and near a proposed corridor and the assignment of traffic to the new facility and the corridor for present and design years

Years of Experience performing Area Class 1.10 Work:

Please list three representative projects:

Project Name and location:

GDOT PI# (if applicable):

Primary role/responsibility on project:

Description of work personally completed:

Project Reference and Contact Information:

Project Name and location:

GDOT PI# (if applicable):

Primary role/responsibility on project:

Description of work personally completed:

Project Reference and Contact Information:

Project Name and location:

GDOT PI# (if applicable):

Primary role/responsibility on project:

Description of work personally completed:

Project Reference and Contact Information:

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

i 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