

Employee Qualification Statement

Area Class 2.06 – Mass Transit Unique Structures

Two Georgia Professional Engineers or Architects required

Firm Name:

Employee Name:

Related Certifications:

(For example: PE.)

Description of Current Position with the Firm:

In brief, concise sentences and using the following format, please describe your work experiences that demonstrate your ability to perform work in Area Class 2.06 Experience descriptions must be written in first person and must state your personal Mass RAPID Transit Unique Structure experience(s) in light / heavy rail track structure, track geometry, stations, guide ways, bored tunnels, bridges, aerial structures, cut and cover box structures, at-grade structures, stations, substations, and central control facilities, including its foundations. The combined experience descriptions must at a minimum include:

- *Years of experience as a Mass Transit Unique Structure professional*
- *Role as it relates to Mass Transit Unique Structures*
 - *Actual Design of the Mass Transit Unique Structure*
- *Type of Mass Transit Unique Structure Projects*
 - *Light Rail Transit Unique Structures*
 - *Heavy Rail Rapid Transit Unique Structures*
 - *Commuter Heavy Rail Transit Unique Structures*
 - *Hi-Speed Heavy Rail Transit Unique Structures*
- *Continuing education/training in any of the integrated parts of Mass Transit Unique Structure*

Please list and describe 2 most recent related projects below. Only list projects in which the Mass Transit Unique Structure work was directly performed by the employee. Experience with the role on Mass Transit Unique Structure must be demonstrated. Additional sheets may be used if necessary (all sheets must be signed and dated by Employee), but additional sheets are not encouraged.

Project List:

1) Project Name:

Years:	Design	Bid	Completion
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Primary Role/Responsibility on Project:

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Project Description:

List References (Include contact information):

2) Project Name:

Years:	Design	Bid	Completion
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Primary Role/Responsibility on Project:

Project Description:

List References (Include contact information):

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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

❶ 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