

Employee Qualification Statement

Area Class 2.08 – Mass Transit Operations Management and Support Services

Firm Name:

Employee Name and Position:

Related Certifications:

(For example: PE.)

Describe your experience (may be experience with previous firm) of one or more transit system operations and support services. In brief, concise sentences and using the following format, please describe your work experience that demonstrates your ability to manage and support transit operations. Experience descriptions must be written in first person and must state the management personally completed.

1) Transit facility Name (location):

My (not the firm's) Responsibilities:

List Reference (Include contact information):

2) Transit facility Name (location):

My (not the firm's) Responsibilities:

List Reference (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

❗ 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