

Employee Qualification Statement

Area Class 3.06 - Traffic Operations Studies

One Professional Engineer required

Firm Name:

Employee Name:

Professional Engineer, GA #:

In brief, concise sentences and using the following format, please describe your work experience that demonstrates your ability to perform traffic engineering studies, including analysis of existing conditions and recommendations for improving traffic flow and safety for corridors or intersections within an urban area, largely by the application of traffic engineering techniques and other corrective measures; prepare signal warrant analyses using MUTCD warrants, perform computer modeling, capacity analyses, delay studies, trip generation, origin-destination studies, or determine levels of service; prepare street and signal inventories, intersection and crossing diagrams, analyze crash data, measure and evaluate travel times, evaluate parking practices, laws and ordinances affecting transportation; prepare description and schematic layouts of the proposed improvements.

(This area class code does not include planning level studies, internal circulation plans for developments, preparation of construction plans or the writing of specifications.)

Experience descriptions must be written in first person and must state the Traffic Operations Studies experiences that were personally completed.

Location of route or intersection(s):

GDOT PI # (if applicable):

Scope of Work:

Employee's Responsibilities on Project:

Reference Name and Contact Information:

Location of route or intersection(s):

GDOT PI # (if applicable):

Scope of Work:

Employee's Responsibilities on Project:

Reference Name and Contact Information:

Location of route or intersection(s):

GDOT PI # (if applicable):

Scope of Work:

Employee's Responsibilities on Project:

Reference Name 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

❗ 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