

# Employee Qualification Statement

## Area Class 5.08 – Overhead/Subsurface Utility Engineering (SUE)

Minimum: 2 Professionals, 2 Designators, 1 PDP Knowledgeable Key Personnel, Plans Preparer and Technical Support

Firm Name:

Employee Name and Current Position:

Georgia Registration Type, Number, and Expiration Date:

(Note: Only State of Georgia registrations will be considered for prequalification purposes)

Related Certifications:

(For example: GDOT PDP, Confined Space Certification, Flagger Certification, Operator Qualification (Required for Designating Gas Pipeline,) etc.)

Years of experience in SUE:

**Describe project experience (experience may be from another firm) of one or more roadway projects. In brief, concise sentences and using the following format, please describe your work experiences that demonstrates your ability to perform work in area class 5.08 as defined in the current version of the GDOT Consultant Prequalification Manual (CPM). Experience descriptions must be written in first person and must state your personal SUE experience(s).**

1) Project Name and location:

GDOT PI# (If applicable):

Project Description (Detail SUE work on project):

(Include SUE data as it relates to FHWA Utility Policies and ASCE SUE Standards)

# Employee Qualification Statement

## Area Class 5.08 – Overhead/Subsurface Utility Engineering (SUE)

Minimum: 2 Professionals, 2 Designators, 1 PDP Knowledgeable Key Personnel, Plans Preparer and Technical Support

SUE Role on Project:

List References (Include contact information):

2) Project Name and location:

GDOT PI# (If applicable):

Project Description (Detail SUE work on project):

(Include SUE data as it relates to FHWA Utility Policies and ASCE SUE Standards)

SUE Role on Project:

List References (Include contact information):

# Employee Qualification Statement

## Area Class 5.08 – Overhead/Subsurface Utility Engineering (SUE)

Minimum: 2 Professionals, 2 Designators, 1 PDP Knowledgeable Key Personnel, Plans Preparer and Technical Support

Under penalty of perjury, I certify that the above information that I have entered is true and accurate.

Signature of Employee

Date

*Entering your name in the field above serves  
as your signature on this document.*

❗ 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](mailto:consultants_prequals@dot.ga.gov)