

# Employee Qualification Statement

## Area Class 5.04(b) – Aerial Photography Unmanned Aircraft System (UAS) Concept Grade

Firm name:

Years of firm experience performing Area Class 5.04b

List the number of professionals at firm in this Area Class:

Qualified Professional Employee's name, position at firm, and years employed:

Qualified Professional Employee's current FAA UAS remote pilot number and years actively certified by the FAA to fly UAS:

List the names of any other FAA UAS remote pilots employed by the firm, their FAA certificate numbers, and years actively certified to fly UAS:

Other than certificated remote pilots already provided, list the names and qualifications of any employees at the firm that are qualified to serve as Visual Observers and Persons Manipulating the controls:

List other personnel regarded as necessary for the safety of a UAS mission:

List the number and type of support personnel at firm for this Area Class:

Provide project experience for all key personnel in this Area Class:

List the amount and type of equipment used for this Area Class (e.g., UAS, camera, etc.):

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Provide a designation and current FAA registration number of each UAS owned or rented by the firm:

List the type(s) of software used:

Can the firm meet the requirements set forth Section 107.26, Unmanned Aircraft Systems, in the Standard Specifications, *Construction of Transportation Systems*, as amended?

*In concise, complete sentences and using the format below, describe your work experiences that demonstrate your ability to perform Area Class 5.04b work. List only projects on which you have directly performed Area Class 5.04b work. Experience descriptions must be written in the first person. Copy the heading below for each project you wish to include in your qualification statement. Additional sheets may be attached as necessary. (See example.)*

1) Project name and location:

GDOT PI# (if applicable):

Primary role/responsibility on project (may include QC/QA):

Project references and contact information:

Project work description.

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2) Project name and location:

GDOT PI# (if applicable):

Primary role/responsibility on project (may include QC/QA):

Project references and contact information:

Project work description.

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

Signature of Qualified Professional 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](mailto:consultants_prequals@dot.ga.gov)