

Employee Qualification Statement

Area Class 5.06(d) – Topographic Remote Sensing (SONAR)

Firm name:

Years of firm experience performing Area Class 5.06d

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

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

Names of other key personnel and their positions at the firm:

Project experience of Qualified Professional Employee and all key personnel in this Area Class:

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

List the amount and type of equipment used for this Area Class:

List the type of software used:

In concise, complete sentences and using the format below, describe your work experiences that demonstrate your ability to perform Area Class 5.06d work. List only projects on which you have directly performed Area Class 5.06d 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.) Use detail on the methods used to QA/QC the SONAR readings and static check the sensor.

1) Project name and location:

GDOT PI# (if applicable):

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

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Project references and contact information:

Project work description:

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