

# Employee Qualification Statement

## Area Class 6.04 (a) – Laboratory Testing of Roadway Construction Materials

**One Professional Engineer Required**

Firm Name:

Employee Name and Position:

Employee Home Address:

Street

City, State & Zip Code

Georgia Registration Type:

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

Georgia Registration Number:

Expiration Date:

Related Laboratory Certifications:

(For example: Registration as a Professional Engineer with the State Board of Professional Engineers and Land Surveyors with proven proficiency in the field of Civil Engineering. Technician certification with a National Certification Board with proven proficiency in specific area of testing. Technical personnel must be certified in specific area of testing when applicable.)

Description of Current Position with the Firm:

**In brief, concise sentences and using the following format, please describe your work experiences that demonstrates your ability to perform work in Area Class 6.4a. Experience descriptions must be written in first person and must state your construction materials laboratory testing experience(s). The combined experience descriptions must at a minimum include:**

- **Years of experience in materials testing of construction materials**
- **Role as it relates to acceptance testing of construction materials**
- **Project List: Please list and describe related projects below. Only list projects in which the construction materials testing were directly performed by the employee. Experience with materials testing must be demonstrated. Additional sheets may be used if necessary, but are not encouraged.**

Project Name:

GDOT PI# (If applicable):

Primary Role/Responsibility on Project:

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Project Description (Detail SUE work on project):

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

List References (Include 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

① 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)