

Employee Qualification Statement

Area Class 1.03 – Aviation Systems Planning (ASP)

One Certified Transportation Planner OR Professional Civil Engineer

Firm Name:

Employee Name & Position:

Georgia Registration Type:

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

Georgia Registration Number:

Expiration Date:

Related Certifications:

(List any planning certifications attained)

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 1.03. Experience descriptions must be written in first person and must state your personal ASP experience(s). The combined experience descriptions must at a minimum include:

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

Please refer to the Consultant Prequalification Manual for additional personnel requirements.

Project Name:

GDOT Project # (If applicable):

Primary role/responsibility on project:

Project Description (Detail ASP work on project):

List References (Include contact information):

Project Name:

GDOT Project # (If applicable):

Primary role/responsibility on project:

Project Description (Detail ASP work on project):

List References (Include contact information):

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

Signature

Date

If you have difficulties submitting this form, send it directly via email to consultants_prequals@dot.ga.gov

Submit Form

Print Form

