

# Employee Qualification Statement

## Area Class 8.02 – Airport Construction Administration and Observations

One Professional Engineer required

Firm Name:

Employee Name:

Registration Number:

### *Area Class Description:*

*In brief, concise sentences and using the following format, please describe your work experience that demonstrates your ability to provide observation and supervision/administration of construction projects to ensure construction is in accordance with the contract plans and specification. It includes the observation of construction activities and management of project records in accordance with appropriate Department and Federal Aviation Administration regulations, guidance, policies and procedures. The construction activities may include but are not limited to: grading, drainage, base, paving, erosion control, airfield electrical, fencing, obstruction removal, crack seal, pavement rejuvenation, pavement markings, and NAVAID installation.*

*Experience descriptions must be written in first person and must state the demonstrated (personally completed) experience in administration of project documents, to include but not limited to: review and accuracy of contractor pay applications, inspection logs, wage rate interviews, DBE reporting, schedule monitoring, conducting pre-construction and project coordination meetings, conducting final inspections, documentation quality assurance, and timely project close-out coordination.*

*Note: Please list and describe projects below. Additional sheets may be used if necessary.*

1. Project location:

Project Description:

Detailed Responsibilities on Project:

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Reference name and contact information:

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2. Project location:

Project Description:

Detailed Responsibilities on Project:

Reference name and contact information:

3. Project location:

Project Description:

Detailed Responsibilities on Project:

Reference name and contact information:

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

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Signature of Employee

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

Date

① Please save a copy of this completed form and attach it to an email to [consultants\\_prequals@dot.ga.gov](mailto:consultants_prequals@dot.ga.gov)