

**TI CONSULTANT REGISTRY
DISCIPLINE CATEGORY FORM**

Government of Newfoundland and Labrador
Department of Transportation and Infrastructure

Civil

Date Submitted: _____

Professional's Name: _____ **Position in Company:** _____

Email Address: _____ **Phone #:** _____

Education (Degree/Diploma): _____ **Discipline of Degree:** _____

Designation: _____ **Year of designation:** _____ **Years of Experience:** _____

PROJECT EXPERIENCE					
<i>State DETAILS of at least 3 projects, use additional sheet if more space required</i>					
Project 1 Title:				Year:	
Client Contact:		Project \$ Value:		Consulting \$ Value:	
Project Description and your Role within the project scope:					
Project 2 Title:				Year:	
Client Contact:		Project \$ Value:		Consulting \$ Value:	
Project Description and your Role within the project scope:					
Project 3 Title:				Year:	
Client Contact:		Project \$ Value:		Consulting \$ Value:	
Project Description and your Role within the project scope:					

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