

**TI CONSULTANT REGISTRY  
DISCIPLINE CATEGORY FORM**

Government of Newfoundland and Labrador  
Department of Transportation and Infrastructure

**Facility Condition Assessment**

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>					
<b>Project 1 Title:</b>				<b>Year:</b>	
<b>Client Contact:</b>		<b>Project \$ Value:</b>		<b>Consulting \$ Value:</b>	
Project Description and your Role within the project scope:					
<b>Project 2 Title:</b>				<b>Year:</b>	
<b>Client Contact:</b>		<b>Project \$ Value:</b>		<b>Consulting \$ Value:</b>	
Project Description and your Role within the project scope:					
<b>Project 3 Title:</b>				<b>Year:</b>	
<b>Client Contact:</b>		<b>Project \$ Value:</b>		<b>Consulting \$ Value:</b>	
Project Description and your Role within the project scope:					

**TI CONSULTANT REGISTRY  
DISCIPLINE CATEGORY FORM**

Government of Newfoundland and Labrador  
Department of Transportation and Infrastructure

<b>Project Title:</b>				<b>Year:</b>	
<b>Client Contact:</b>		<b>Project \$ Value:</b>		<b>Consulting \$ Value:</b>	
Project Description and your Role within the project scope:					