

**TI CONSULTANT REGISTRY
DISCIPLINE CATEGORY FORM**

Government of Newfoundland and Labrador
Department of Transportation and Infrastructure

Independent Peer Review

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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| Project Description and your Role within the project scope: | | | | | |