

**TI CONSULTANT REGISTRY
DISCIPLINE CATEGORY FORM**

Government of Newfoundland and Labrador
Department of Transportation and Infrastructure

Materials Testing

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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