**QUALIFICATIONS RECORD**

**Structure Inspection Program**

Wisconsin Department of Transportation

DT2001 09/2024 s.84.17 Wis. Stats.

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| Applicant Name | Area Code - Telephone Number - Home | |
|  |  | |
| Address | Area Code – Telephone Number - Work | |
|  |  | |
| City | State | ZIP Code |
|  |  |  |
| E-Mail Address | Employer | |
|  |  | |

Refer to the Wisconsin Department of Transportation (WisDOT) Structure Inspection Manual (SIM) Part 1 Chapter 2 for required qualifications. Submit this application and certificates per directions on WisDOT’s [website](http://apwmad0p7106:37108/Pages/doing-bus/eng-consultants/cnslt-rsrces/strct/insp-submit.aspx).

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| **PART I - Registration/Training - Complete All Information** | | | | |
| Wisconsin Registered Professional Engineer: | Yes/No: | Registration Number: | | |
| NHI 130055 Safety inspection of In-Service Bridges | | | Yes/No: | Date: |
| NHI 130056 Safety Inspection of In-Service Bridges for Professional Engineers | | | Yes/No: | Date: |
| NHI 130078 Nonredundant Steel tension Member Bridge Inspection Techniques | | | Yes/No: | Date: |
| NHI 130091 Underwater Bridge Inspection | | | Yes/No: | Date: |
| NHI 130053 Bridge Inspection Refresher Training | | | Yes/No: | Date: |
| NHI 130087 Inspection and Maintenance of Ancillary Highway Structures | | | Yes/No: | Date: |
| NHI 130110 Tunnel Safety Inspection | | | Yes/No: | Date: |
| Latest WisDOT Structure Inspection Refresher Training | | | Yes/No: | Date: |
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| Other Pertinent Inspection Related Training Courses Completed or Specialized Certifications: | | | | |
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| **APPROVAL: FOR WISDOT PROGRAM MANAGER USE ONLY!** | | **DO NOT WRITE BELOW THIS LINE.** |
| Certificate(s) attached | Qualified As: | Qualified As: |
|  | Bridge Program Manager | NSTM Team Leader |
| Experience Reviewed/Verified | Tunnel Program Manager | Underwater Dive Team Leader |
| Reference Letter Attached | Ancillary Program Manager | Tunnel Inspection Team Leader |
|  | Bridge Team Leader | Complex Feature Team Leader |
|  | Team Member | Ancillary Team Leader |
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| Reviewed By       , Program Manager | | Date |
| Central Office | Region | County |

|  |  |
| --- | --- |
| Assigned Number | Assigned By |
| Assigned Date | Date Copy Returned via email to Applicant |

**PART II - EXPERIENCE**

See the Structures Inspection Manual (SIM) Part 1 Chapter 2 for experience required for TL or PM.

**Bridge/Structure Inspection Experience**

Please list the bridges/structures you have inspected as a Team member or in another capacity. **Attach a completed bridge/structure list to this application with the following format:**

| **Bridge Count** | **Bridge Number** | | **Inspection Date** | |
| --- | --- | --- | --- | --- |
|  |  | |  | |
| **Other Bridge/Structure Inspection Experience**  Please list your Other Bridge/Structure experience and your Bridge/Structure inspection experience in the table below. See the SIM Part I Chapter 2 for what qualifies as other bridge experience. Attach additional information if needed. | | | | | | | |
| **Date**  **From** | | **Date**  **To** | | **Describe Other Bridge/Structure Experience, Inspection Type(s) and Structure Type(s)** | | **Name & Telephone No.**  **for References** | **Approx. %\*** |
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**\* Percent of year devoted to structure experience.**

I, the undersigned, affirm that all statements and data in Parts I and II are true and correct. I understand that any misrepresentation may constitute fraud and may be punishable to the full extent of the law. Furthermore, I understand that it is my responsibility to stay current on bridge/structure inspection issues, and will input and maintain my contact information in HSIS under the tools-Preferences-General tab.

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|  |  |  |  |  |
|  |  | (Applicant Signature) |  | (Date) |

Signature of Individual Providing Letter Reference: See **Attachment A** for Format

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|  |  |  |  |  |
|  |  | (Signature) |  | (Date) |

#### ATTACHMENT A

#### SAMPLE REFERENCE LETTER

(Current Date)

Mr. / Ms.

Bridge Inspection Program Manager

(Address)

(Name of Applicant) Qualifications

Dear Bridge Inspection Program Manager:

This letter is submitted as verification of the experience of Mr./Ms. (Name of Applicant) in the field of bridge inspection and allied areas. I have personal knowledge that Mr./Ms. has years of experience in bridge inspection and allied areas as outlined below:

1. (Please confirm and describe applicant’s bridge/structure inspection experience including percentage of time and the type of structures on which the applicant worked. In addition to bridge/structure inspection experience, please indicate other bridge/structure experience that includes design, load rating, maintenance, construction experience including percentage of time and type of structures on which the applicant worked.
2. (Please explain your affiliation to the person and the WisDOT Bridge Inspection Program).

If you have any questions or concerns, please feel free to contact me at (xxx)-xxx-xxxx.

|  |  |
| --- | --- |
|  | Sincerely, |
|  | (Signature of Reference Letter Author) |
|  |  |
|  |  |
|  | (Title and Bridge Inspection Program Affiliation)  (i.e., Region Program Manager, County PM, Consultant, etc.) |