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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOTLOGO2 | | | | | | | | | **Team Leader Qualifications** | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Team Leader requirements are located in the Bureau of Bridges and Structures Structural Services Manual Section 3.9.2.4. Based on review of qualifications, the person designated on this form is being recommended by the responsible Program Manager for approval by the State Program Manager to function as a National Bridge Inspection Standards (NBIS) Team Leader.  Consult Table 3.9-1 of the Structural Services Manual prior to submission of application to ensure experience requirements are met. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Inspector ID will be assigned by Bridge Management Unit after document submittal and review. | | | | | | | | | | | | | **Inspector ID:** | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Applicant Name:** | | (Please include Middle Initial) | | | | | | | | | | | **Date:** | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Present Position Classification / Title:** | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | | | | | | | | | | | | | | | | | | | |
| Agency / Consultant Name: | | |  | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | |
| City: | | |  | | | | | | | State: |  | Zip Code: | | | |  | | | | |
| Phone: | | |  | | | | | | | Cell Phone: | |  | | | | | | | | |
| Email Address: | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Responsible Program Manager: | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Program Manager Inspector ID: | | | |  | | | | | | | | | | | | | | | | |
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| **Documentation of Bridge Inspection Training:** Provide the most recent information for each class you have | | | | | | | | | | | | | | | | | | | | |
| successfully completed and **attach a copy of your training certificate(s)**. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Safety Inspection of In-Service Bridges, FHWA-NHI-130055 | | | | | | | | | | | | | | Date: | | |  | | | |
| Provided By: |  | | | | | City: | |  | | | | | | State: | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Safety Inspection of In-Service Bridges for Professional Engineers, FHWA-NHI-130056 | | | | | | | | | | | | | | Date: | | |  | | | |
| Provided By: |  | | | | | City: | |  | | | | | | State: | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Bridge Inspection Refresher Training, FHWA-NHI-130053 | | | | | | | | | | | | | | Date: | | |  | | | |
| Provided By: |  | | | | | City: | |  | | | | | | State: | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Illinois Bridge Inspection Calibration Refresher Training | | | | | | | | | | | | | | Date: | | |  | | | |
| Provided By: |  | | | | | City: | |  | | | | | | State: | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Bridge Element Inspection Class | | | | | | | | | | | | | | Date: | | |  | | | |
| Provided By: |  | | | | | City: | |  | | | | | | State: | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| Fracture Critical Inspection Techniques for Steel Bridges, FHWA-NHI-130078 | | | | | | | | | | | | | | Date: | | |  | | | |
| Provided By: |  | | | | | City: | |  | | | | | | State: | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Illinois Engineer Licenses:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Illinois Engineer Intern License Number: | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Illinois Professional Engineer License Number: | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Illinois Structural Engineer License Number: | | | | | | |  | | | | | | | | | |  | | | |

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| Applicants who are licensed as a professional or structural engineer in Illinois, and have successfully completed the Safety Inspection of In-Service Bridges, FHWA-NHI-130055 course or Safety Inspection of In-Service Bridges for Professional Engineers, FHWA-NHI-130056 course are not required to complete the remainder of this form except for signature. |

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| **Bridge Inspection Experience:** List the time actually spent performing NBIS Safety Inspections, not the total | | | | | | | | | |
| length of time over which NBIS Safety Inspections was periodically performed. | | | | | | | | | |
|  | | | | | | | | | |
| Performance of NBIS Safety Inspections: | | | | | |  | Months | | |
|  | | | | | | | | | |
| **General Bridge Related Experience (not NBIS inspection related):** List the time actually spent performing | | | | | | | | | |
| the following functions, not the total length of time over which a function was periodically performed. | | | | | | | | | |
|  | | | | | | | | | |
| Bridge Construction Activities: | | | | | |  | Months | | |
| Bridge Maintenance Activities: | | | | | |  | Months | | |
| Bridge Design Activities: | | | | | |  | Months | | |
| Inspections Associated with Bridge Construction: | | | | | |  | Months | | |
| Inspections to Determine Bridge Maintenance Needs: | | | | | |  | Months | | |
| Field Inspection Associated with Bridge Design: | | | | | |  | Months | | |
| Other Bridge Related Activities (show types): | | | | | | | | | |
|  |  | | |  | |  | Months | | |
|  |  | | |  | |  | Months | | |
|  | | | | | | | | | |
| Comments: | |  | | | | | | | |
|  |  | | | | | | | | |
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|  | | | | | | | | | |
| **Signatures:** | | | | | | | | | |
| Applicant: | | |  | | | | | Date: |  | |
|  | | | (signature) | | | | |  | | |
| Responsible Program Manager: | | |  | | | | | Date: |  | |
|  | | | (signature) | | | | |  | | |
| Approved by State Program Manager: | | |  | | | | | Date: |  | |
|  | | | (signature) | | | | |  | | |
|  | | | | | | | | | | |
| Please send signed original, copies of applicable licenses and copies of training certificates to: | | | | | Bridge Management Unit  Bureau of Bridges and Structures  Illinois Department of Transportation  2300 South Dirksen Parkway Room 225  Springfield, Illinois 62764 | | | | | |
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