



BIAS Account For INDOT Bridge Division

BIAS Account Registration Form

Part A: CURRENT INFORMATION

User's First Name:

User's Last Name:

Office Phone number:

Mobile Number:

User's email address:

Current Company Name:

Current Company address:

If in above information there was a change Please fill out Part B

Part B: PREVIOUS INFORMATION

Date of Change:

User's last Name:

Office Number:

Mobile Number:

Company Name:

Company Email:

Part C: Access type

☐ Read Only

☐ Team Member

☐ Team Leader

☐ Tunnel Inspections

☐ Underwater

☐ Fracture Critical

☐ Load Rating Engineer

☐ Underwater

Anything other than *Read Only*, YOU MUST complete the INDOT Qualifications in Part D and provide copies of your Qualifications certificates)**** Attach a copy of certifications into BIAS (if you have one) and Submit this form to bridge Personnel for approval. **READ ONLY skip Part D**

Part D: Qualifications

☐ PE

☐ EIT

☐ non-PE

☐ Out of state PE

PE or EIT #

1.) Number of bridge inspections per Year over the last five year period for each individual actively involved and under the direct supervision of a Qualified Team Leader.

20 :	20 :	20 :	20 :	20 :
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2.) Numbers of months of past experience in bridge maintenance operations, bridge design/drafting type work, construction inspection, culvert inspection, under bridge inspection equipment operation, load rating, underwater inspection, etc., in a responsible capacity

Responsibility & Description of work	# Months
A.)	
B.)	
C.)	
D.)	

Part D Continued:





3.) Successful Completion dates of NHI training courses (Copy of NHI Certificate REQUIRED)	Completion Date (if any)
3- Day NHI Bridge Inspection Refresher Course:	
NHI 80 hour "In- Service Bridge Training" course: <input type="checkbox"/> (Required Training in order to be a Team Leader)	
3.5- day NHI Fracture Critical Insp. Tech. for Steel Bridges:	
SBRITE-Inspecting Steel Bridges for Fatigue: <input type="checkbox"/> (Required Training in order to be Fracture Critical)	
Other NHI or Related Training	Completion Date
1.)	
2.)	
3.)	

Part E: Signature Line

By typing your name below you are signing; certifying all information is truthful and accurate to the best of you Knowledge.

Name: X

Date:

BELOW IS TO BE FILLED OUT BY INDOT BRIDGE INSPECTION PERSONNEL ONLY

The Following additional information is needed in order to make a determination: [Click here to enter text.](#)

INDOT Program Manager Review Comments:

Approved For:	Team #
<input type="checkbox"/> LRE	<input type="checkbox"/> TM
<input type="checkbox"/> FC	<input type="checkbox"/> Underwater
<input type="checkbox"/> TL	<input type="checkbox"/> Read Only
<input type="checkbox"/> Tunnel	

☐ NOT Approved >>>>>>> Reason:

Bridge Personnel Name	Date:
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