VERSION 9/2024



Ancillary Structure Inspection Consultant Prequalification Application Form

# Part A: CURRENT INFORMATION

**First Name:**

**Last Name:**

**Office Phone number: Mobile Number:**

**Email address:**

**Company Name: Company address:**

**If any of the above information has changed since the last submittal, fill out Part B**

# Part B: PREVIOUS INFORMATION

**Date of Change:**

**Last Name:**

**Office Number:**

Part C: Position

 **Project Manager**

**Mobile Number: Company Name: Company Email:**

**Team Member**

 **Team Leader **

**YOU MUST complete the INDOT Qualifications in Part D and provide copies of your Qualifications certificates Attach all copies of certifications into email along with this form to INDOTASIP@indot.in.gov**

# Part D: Qualifications

* PE **☐**EIT **☐**non-PE **☐**Out of state PE PE or EIT #:

1. **Number of years performing ancillary structure inspections:**

**☐ ≥** 10 **☐** 5-9 **☐** 3-4 **☐** ≤ 2

1. **Number of inspection projects managed in the last 5 years** (PM Applicants Only):

**☐ ≥** 2 **☐** < 2

1. **Number of inspection projects having data management or reporting duties in the last 3 years** (Team Leader Applicants Only):

**☐ ≥** 1 **☐** < 1

1. **Number of inspections performed during the last 3 years** (Team Member Applicants Only):

**☐ ≥** 1 **☐** < 1

1. **List relevant projects itemized above**

|  |  |
| --- | --- |
| Responsibility & Description of work | Dates |
| A.) |  |
| B.) |  |
| C.) |  |
| D.) |  |
| E.) |  |
| F.) |  |

A close-up of a coin

Description automatically generated with medium confidence

**Part D Continued:**

|  |  |
| --- | --- |
| 1. Successful Completion dates of NHI training courses   (not required for team member):  (Copy of NHI Certificate REQUIRED) Completion Date (if any) | |
| Inspection of Ancillary Highway Structures – Web-based NHI Class 130087A |  |
| Inspection of Ancillary Highway Structures – Instructor Led NHI Class 130087 |  |
| Other NHI or Related Training | Completion Date |
| 1.) |  |
| 2.) |  |
| 3.) |  |

1. **Ultrasonic testing level one certification (required for one team member)**

Date of issue: Click or tap to enter a date. Valid thru: Click or tap to enter a date.

(Copy of Certificate REQUIRED)

Part E: Signature Line

**By typing or signing 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 TRAFFIC ADMINISTRATION PERSONNEL ONLY**

**The Following additional information is needed in order to make a determination:** Click here to enter text.

**INDOT Reviewer Comments:**

**Approved For:**

* **PM**
* **TL**
* **TM**

X

**Team #**

**INDOT Traffic Administration Reviewer: Date:**

* **PM**
* **TL**
* **TM**
* **NOT Approved >>>>>>>>> Reason:**



**Requesting approval to be:**

**Items required to consider for approval**

**Project Manager**

**Team Leader**

**Team Member**

Need a valid (current) Indiana PE License ( can print a copy from: https:// mylicense.in.gov/eVerification/Search.aspx)

Need NHI Certificate

Need 10 years of experience overall in ancillary structure inspection

*Managed 2 or more ancillary structure inspection projects in the last 5 years.*

Need a valid (current) Indiana PE License ( can print a copy from: https:// mylicense.in.gov/eVerification/Search.aspx) or 5 years of experience in ancillary structure inspections

Need NHI Certificate

Need data management / report preparation experience in at least 1 project in the last 3 years.

Need to have performed at least 1 ancillary structure inspection in the last 3 years

Need ultrasonic testing level one certification (needed for only 1 team member)

