

TEAM LEADER QUALIFICATIONS

Applicant Name: _____

Employer: _____

Address: _____

City, State, Zip Code: _____

E-Mail Address: _____ Phone Number: _____

All team leaders must meet the qualifications and recurrent training requirements described in Chapter 1 of the Michigan Structure Inspection Manual (MiSIM).

BRIDGE INSPECTION TRAINING

Please attach most recent certificates for all Bridge Inspection Training.

NHI 130055 Safety Inspection of In-Service Bridges		
DATE	CITY	STATE
NHI 130056 Safety Inspection of In-Service Bridges for Professional Engineers		
DATE	CITY	STATE
NHI 130053 Bridge Inspection Refresher Training		
DATE	CITY	STATE
NHI 130078 Fracture Critical Inspection Techniques for Steel Bridges		
DATE	CITY	STATE
NHI 130091 Underwater Bridge Inspection		
DATE	CITY	STATE

EDUCATION/CERTIFICATION

Check all that apply:

Bachelor's Degree in Engineering

Associate's Degree in Engineering or Engineering Technology

Successfully passed the Fundamentals of Engineering (FE) exam

Registered Professional Engineer

State/License Number/Expiration Date: _____

BRIDGE INSPECTION EXPERIENCE

Please check all that apply:

Team leader in Michigan prior to June 6, 2024

Performed 50 or more NBI inspections in Michigan

All individuals who have completed less than 50 NBI inspections in Michigan or do not have prior approval as a team leader in Michigan must provide experience documentation below.

One year of experience may be granted for every:

- 100 routine NBI inspections performed with a team leader
- 3 years of technical experience in bridge design, bridge maintenance or bridge construction, where more than half of the tasks performed annually were directly related to bridges and culverts.

Bridge Inspection Experience Documentation

Please attach a list of the structures that have been inspected with a team leader.

YEAR	NO. OF MONTHS	NO. NBI OF STRUCTURES	NAME OF TEAM LEADER

Other Bridge Related Experience Documentation (Design, maintenance, construction)

Please attach resume describing role in performing all other bridge related experience.

EXPERIENCE	YEAR	NO. OF MONTHS	AVG NO. HOURS/ MONTH	SUPERVISOR

APPLICANT SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

(To be completed by Bridge Program Manager)

Field Calibration Completion Date: _____ Score: _____ Approved: YES NO