APPLICATION FOR NEBRASKA BRIDGE INSPECTION CERTIFICATION SCHOOL

Return Registration form and Application form to: The Nebraska Local Technical Assistance Program, 3921 West Craw Street, Lincoln, NE 68524.

Name _____ Telephone _____ Formal Education: (include High School, University, Comty College)

Address _____

Street City State Zip Code

Presently Employed By _____ Specialized Training (Show title & include dates of courses, schools, seminars, etc.; for example, Plan Reading 12-15 July, 1983):

Position _____ _____

Registered Professional Engineer (Give Number of Registration) Registration # _____ State _____

Minimum qualification for Bridge Inspectors includes a minimum of 5-years BRIDGE INSPECTION ASSIGNMENTS in RESPONSIBLE CAPACITY and attendance of a BRIDGE INSPECTOR'S TRAINING COURSE. Identify all work experience for the full four or more year period by starting month and ending month of experience.

I am interested in: (check one)

_____ Certification
_____ Introduction to B.I.
_____ Review of B.I.

Period

Assignment Primary Duties

Year	Start Month	End Month	Description of work (such as number, type and size of bridges designed, detailed, constructed, or inspected).	Name of Employer	Name of Supervisor	Job Title	NDOR Use

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