

# QUALIFICATIONS RECORD

## Structure Inspection Program

Wisconsin Department of Transportation  
DT2001 2003 s.84.17 Wis. Stats.

Applicant Name <b>MATTHEW R. RICE</b>	Area Code - Telephone Number - Home <b>(608) 635-7716</b>	
Address <b>2302 FISH HATCHERY RD.</b>	Area Code - Telephone Number - Work <b>(608) 266-4037</b>	
City <b>MADISON</b>	State <b>WI</b>	ZIP Code <b>53713</b>
E-Mail Address <b>rice@co.dane.wi.us</b>	Employer <b>DANE CO.</b>	

Refer to the Wisconsin DOT Structure Inspection Manual for required qualifications. Forward two completed copies of this form to the Statewide Structure Inspection Program Manager via the District Program Manager or directly at 4802 Sheboygan Ave., Room 601, PO Box 7916, Madison, WI 53707-7916. One copy will be returned to you with an assigned number if deemed qualified.

### PART I - REGISTRATION/TRAINING - Complete All Information

Wisconsin Registered Professional Engineer - ☒ Reg. No.: **E-29221** - Emphasis: Structural  
NICET Level III or IV - Yes Reg. No.: If Yes, Attach Copy of Certificate

NHI Based 80-Hour Training Course - ☒ Date: **3/98** If Yes, Attach Copy of Certificate **(LOST CERTIFICATION CERTIFICATE)**

Pertinent Inspection Related Training Courses Completed

**WI STRUCTURE INSP MANUAL UPDATE TRAINING (2004)**

Additional Specialized Certifications

### APPROVAL: FOR WISDOT PROGRAM MANAGER USE ONLY! DO NOT WRITE BELOW THIS LINE.

☒ Visual Acuity Certificate Attached ☐ Experience Reviewed/Verified  
☒ NHI Based 80-Hour Training Course Certificate Attached ☐ Reference Letter Attached

Qualified As ☒ Program Manager  
☒ Team Leader

Reviewed By <b>DL, Program Manager</b>	<b>Matthew D. Murphy</b>	Date <b>11/23/04</b>
<input type="checkbox"/> Central Office	<input checked="" type="checkbox"/> District	<input type="checkbox"/> County
Assigned Number <b>1508</b>	Assigned By <b>Mia Van Loo</b>	
Assigned Date <b>11/24/04</b>	Date Copy Returned to Applicant <b>11/24/04</b>	

**INSPECTOR VISUAL ACUITY RECORD**  
**Structure Inspection Program**

Wisconsin Department of Transportation  
DT2005 2003 s.84.17 Wis. Stats.

Name of Inspector/Number <u>MATTHEW R. RICE</u>	Date <u>9/8/04</u>
Address <u>2302 FISH HATCHERY RD. MADISON WI 53713</u>	Area Code - Telephone Number - Home <u>(608) 635-7716</u>
E-Mail Address <u>rice@co.dane.wi.us</u>	Area Code - Telephone Number - Work <u>(608) 266-4037</u>

**TO ALL WISDOT BRIDGE INSPECTION TEAM LEADER CERTIFICATION CANDIDATES**

Please use the services of an Ophthalmologist, Optometrist, Ophthalmic Technician, Medical Doctor, Registered Nurse, or Certified Physician's Assistant to administer your **required** eye examination. The examination results are good for 24 months from the date the examination was administered. Please send the original form completed by the eye examiner to WisDOT and **keep a copy for your files**. Every Bridge Inspection Team Leader must be re-examined at the end of the 24-month period and resubmit their examination results to WisDOT in order to remain certified as a Team Leader.

All candidates must pass an eye examination, **with or without** corrective lenses, to prove near vision acuity on Jaeger J2 at 12-17 inches. Eye examination results shall be submitted on forms furnished by WisDOT.

WisDOT will not accept a visual acuity record that does not comply with these requirements. Applicants may submit completed visual acuity records to the Statewide Structure Inspection Program Manager at 4802 Sheboygan Ave., Room 601, PO Box 7916, Madison, WI 53707-7916.

**TEST RESULTS**

Candidate Name <u>Matthew R Rice</u>	Eye Exam Date <u>9/8/04</u>
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Does the candidate possess near vision acuity of Jaeger J2 (letters 0.37 mm in size) at a distance of 12-17 inches?

- ☒ Yes  
☐ Yes, but with corrective lenses

Does the candidate possess color perception (using pseudoisochromatic plates)?

- ☒ Yes  
☐ No

Does the candidate possess the ability to differentiate between red and green?

- ☒ Yes  
☐ No

Please identify your professional level by checking one of the following:

- ☒ Optometrist    ☐ Medical Doctor    ☐ Ophthalmologist    ☐ Ophthalmic Technician    ☐ R.N.    ☐ P.A.

Eye Examiner Name <u>James H Bordenweper</u>	State License Number <u>1853</u>
Professional Address <u>Dean East Clinic 1821 S. Stoughton Rd</u>	City, State, ZIP Code <u>Madison, WI 53716</u>
Area Code - Telephone Number <u>608-260-6000</u>	

I certify that I, the undersigned, administered an eye examination which demonstrated the vision capabilities of the named candidate indicated above.

James H Bordenweper  
(Eye Examiner Signature)

9/8/04  
(Date)

**PART II - EXPERIENCE - Attach Additional Sheets If Needed**

Persons other than a P.E. or NICET Level III/IV are required to complete Part II in its entirety. A minimum of 5 years of responsible bridge inspection experience for Team Leaders and 10 years for Program Managers must be shown. P.E.'s and NICET individuals are also requested to complete Part II for informational purposes only. List all relevant experience.

### Bridge Safety Inspection Field Experience

Please state your experience in various types of bridges (i.e., steel girders, concrete girders, trusses, slabs, prestressed girders, culverts, movable bridges, other complex structures, etc.).

[illegible]

\* Percent of year devoted to bridge safety inspection field work.

I, the undersigned, affirm that all statements and data in Parts I and II are true and correct. I understand that any misrepresentation may constitute fraud, and may be punishable to the full extent of the law. Furthermore, I understand that it is my responsibility to stay current on bridge inspection issues, and that I will notify the WisDOT Statewide Program Manager of any name or mailing address changes in writing within 30 days.

Matthew R. Rice  
(Applicant Signature)

11/15/04  
(Date)

Signature of Individual Providing Letter Reference: See attachment A for Format

(Signature)

(Date)