

QUALIFICATIONS RECORD
Structure Inspection Program

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

Applicant Name DANIEL M. KLEINERTZ	Area Code - Telephone Number - Home 608-787-0892	
Address W787 CTH K	Area Code - Telephone Number - Work 608-789-5709	
City STODDARD,	State WI	ZIP Code 54658
E-Mail Address daniel.kleinertz@dot.state.wi.us	Employer Wis DOT Dist. 5	

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 - (Yes) Reg. No.: 36771-6 - Emphasis: Structural
NICET Level III or IV - Yes Reg. No.: _____ If Yes, Attach Copy of Certificate
NHI Based 80-Hour Training Course - (Yes) Date: 3/04 If Yes, Attach Copy of Certificate

Pertinent Inspection Related Training Courses Completed

Additional Specialized Certifications

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

<input checked="" type="checkbox"/> Visual Acuity Certificate Attached	<input checked="" type="checkbox"/> Experience Reviewed/Verified
<input checked="" type="checkbox"/> NHI Based 80-Hour Training Course Certificate Attached	<input type="checkbox"/> Reference Letter Attached

Qualified As ☒ Program Manager
☒ Team Leader

Reviewed By David Bohmstedt Program Manager	Date 3/3/2005
<input type="checkbox"/> Central Office	<input checked="" type="checkbox"/> District
<input type="checkbox"/> County	
Assigned Number 5018	Assigned By Mia Van Loob
Assigned Date 3/7/05	Date Copy Returned to Applicant 3/7/05

INSPECTOR VISUAL ACUITY RECORD

Structure Inspection Program

Wisconsin Department of Transportation

DT2005 2003 s.84.17 Wis. Stats.

Name of Inspector/Number DANIEL M. KLEINERTZ	Date 2/22/05
Address W787 CTH K STODDARD, WI 54658	Area Code - Telephone Number - Home 608-787-0892
E-Mail Address daniel.kleinertz@dot.state.wi.us	Area Code - Telephone Number - Work 608-789-5709

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 DAN KLEINERTZ	Eye Exam Date 2/22/05
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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 JOHN STERLING O.D.	State License Number WI 01440
Professional Address 1836 So. Ave	City, State, ZIP Code KA (ROSSE) WI. 54601
Area Code - Telephone Number 608-782-7300	

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


 (Eye Examiner Signature)

2/22/05
 (Date)



U.S. Department
Of Transportation
Federal Highway
Administration



NATIONAL HIGHWAY INSTITUTE
Training Solutions for Transportation Excellence

National Highway Institute Certificate of Training

Daniel Kleinertz

has participated in

Safety Inspection of In-Service Bridges

hosted by

Wisconsin Department of Transportation

Location: Green Bay, Wisconsin

Hours of instruction: 80

Date: March 15 – 26, 2004

[Signature]

Instructor

[Signature]

Director, National Highway Institute
Federal Highway Administration

[Signature]

Coordinator

[Signature]

Director, Office of Professional Development
Federal Highway Administration