

**QUALIFICATIONS RECORD**  
**Structure Inspection Program**  
 Wisconsin Department of Transportation  
 DT2001 2003 s.84.17 Wis. Stats.

Applicant Name <b>ROBERT C. JANKE</b>	Area Code - Telephone Number - Home <b>262-251-0279</b>	
Address <b>N82 W16390 VALLEY VIEW DRIVE</b>	Area Code - Telephone Number - Work <b>262-784-7690</b>	
City <b>MENOMONEE FALLS</b>	State <b>WI</b>	ZIP Code <b>53051</b>
E-Mail Address <b>RCJANKE@ATI-AB.COM</b>	Employer <b>APPLIED TECHNOLOGIES INC.</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 ☒ Yes Reg. No. E14111 - Emphasis: Structural  
 NICET Level III or IV - Yes Reg. No.: \_\_\_\_\_ If Yes, Attach Copy of Certificate  
 NHI Based 80-Hour Training Course - ☒ Yes Date: 4/99 If Yes, Attach Copy of Certificate

Pertinent Inspection Related Training Courses Completed

WISDOT STRUCTURE INSPECTION MANUAL TRAINING MAY 19, 2004  
WISDOT HIGHWAY STRUCTURES INFORMATION SYSTEM (HSIS) TRAINING

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>David L. Babler</b>	Date <b>6/24/04</b>
<input checked="" type="checkbox"/> Central Office <input type="checkbox"/> District <input type="checkbox"/> County	
Assigned Number <b>9524</b>	Assigned By <b>Mia VanLooy</b>
Assigned Date <b>6/24/04</b>	Date Copy Returned to Applicant <b>6/24/04</b>

# INSPECTOR VISUAL ACUITY RECORD

## Structure Inspection Program

Wisconsin Department of Transportation

DT2005 2003 s.84.17 Wis. Stats.

Name of Inspector/Number <i>ROBERT C. JANKO E14111</i>	Date <i>6-17-04</i>
Address <i>NB2 W16390 VALLEY VIEW DRIVE</i>	Area Code - Telephone Number - Home <i>262-251-0279</i>
E-Mail Address <i>RCJANKO@ATI-AE.COM</i>	Area Code - Telephone Number - Work <i>262-784-7690</i>

### 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 <i>ROBERT C. JANKO</i>	Eye Exam Date <i>BR.S. 06/17/2004</i>
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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 <i>Victoria Wei, OD</i>	State License Number <i>#2086</i>
Professional Address <i>16025 W. Bluemound</i>	City, State, ZIP Code <i>Milw. WI. 53005</i>
Area Code - Telephone Number <i>262-785-0490</i>	

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

  
(Eye Examiner Signature)

*06/17/04*  
(Date)



U.S. Department  
of Transportation  
Federal Highway  
Administration

# National Highway Institute *Certificate of Training*

## Robert C. Janke

*has satisfactorily completed training in*

Safety Inspection of In-Service Bridges

*conducted by*

### Michael Baker Jr., Inc.

Location: Pewaukee, Wisconsin

Hours of instruction: 80

Date: March 29 - April 9, 1999

Continuing Education Units: 6.0

*Sean A. Patrick*

Instructor

*Theresa J. Diaper*  
Coordinator

*James R. Wykle*

Director

*James R. Wykle*  
Federal Highway Administrator

National Highway Institute