

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**APPLICATION FOR TUNNEL INSPECTION CERTIFICATION**

850-010-35  
MAINTENANCE  
08/16  
Page 1 of 3

Name of Applicant (Print) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (home) \_\_\_\_\_ (office) \_\_\_\_\_

College, University or Professional School:

Name of School	Location (City, State)	Dates of Attendance (month/year)		Credit Hours Earned		Major/Minor Course of Study	Type of Degree Earned
		From	To	Qtr	Sem		

Please include a copy of your diploma. If you did not receive a degree include a copy of your transcript.

Have you passed the Fundamentals of Engineering Exam? \_\_\_\_\_ Please include a copy of your Engineering Intern or Engineering in Training Certificate.

Are you registered as a professional engineer in any jurisdiction? \_\_\_\_\_ What jurisdiction(s) and registration number?

\_\_\_\_\_

Training Course:

You must have taken the course Tunnel Safety Inspection

Location of Course \_\_\_\_\_ Dates Attended \_\_\_\_\_

Who Sponsored Course? \_\_\_\_\_

Please attach a copy of certificate.

If you took the Tunnel Safety Inspection Class more than 60 months ago, you must have taken the Tunnel Inspection Refresher Training course in the last 60 months.

Complete the following for the most recent time you took the Tunnel Inspection Refresher Training Course:

Location of Course \_\_\_\_\_ Dates Attended \_\_\_\_\_

Who Sponsored Course? \_\_\_\_\_

Please attach a copy of certificate.

Are you a Florida Registered Certified Bridge Inspector? \_\_\_\_\_ What is your Florida Certified Bridge Inspector Number?  
\_\_\_\_\_

Employment History List all relevant job experience. All experience must be certified by a registered professional engineer. Experience in the following fields is considered relevant:

- NBIS safety inspection of bridges or tunnels under the direct supervision of a Professional Engineer, Certified Bridge Inspector or Certified Tunnel Inspector. A minimum of 6 months of bridge or tunnel inspection experience is required for Professional Engineers. For non-Professional Engineers 5 years of experience is required.
- A bachelor of science in engineering and having passed the Fundamentals of Engineering exam counts as 3 years experience.
- The equivalent of an associate's degree in engineering counts as one year experience.
- 50% of the non-educational experience must be in bridge or tunnel inspection, the other experience may be in:
  - Structure Design
  - Bridge or Tunnel Construction
  - Bridge or Tunnel Maintenance

Completed applications should be mailed to:

Florida Department of Transportation

Attn: Bridge Management Inspection Engineer MS 52

605 Suwannee Street

Tallahassee FL 32399-0450

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1. Name of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mailing Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Occupational Field \_\_\_\_\_  
Brief Description of Duties \_\_\_\_\_

Supervisor's Name(Print) \_\_\_\_\_ Title \_\_\_\_\_

The following section is to be completed by a professional engineer with knowledge of the applicant's work experience described above.

Signature of PE Certifying work experience \_\_\_\_\_

Professional Engineer Name (Print) \_\_\_\_\_

Professional Engineer Registration No. \_\_\_\_\_

State Registered \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mailing Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Occupational Field \_\_\_\_\_  
Brief Description of Duties \_\_\_\_\_

Supervisor's Name(Print) \_\_\_\_\_ Title \_\_\_\_\_

The following section is to be completed by a professional engineer with knowledge of the applicant's work experience described above.

Signature of PE Certifying work experience \_\_\_\_\_

Professional Engineer Name (Print) \_\_\_\_\_

Professional Engineer Registration No. \_\_\_\_\_

State Registered \_\_\_\_\_ Phone No. \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_  
Mailing Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Occupational Field \_\_\_\_\_  
Brief Description of Duties \_\_\_\_\_

Supervisor's Name(Print) \_\_\_\_\_ Title \_\_\_\_\_

The following section is to be completed by a professional engineer with knowledge of the applicant's work experience described above.

Signature of PE Certifying work experience \_\_\_\_\_

Professional Engineer Name (Print) \_\_\_\_\_

Professional Engineer Registration No. \_\_\_\_\_

State Registered \_\_\_\_\_ Phone No. \_\_\_\_\_

Submit additional copies of this page as required

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I certify that the information given herein is correct to the best of my knowledge.  
I understand that falsification of statements or supporting data may subject any certificate issued to cancellation.  
Signature of Applicant \_\_\_\_\_

STATE OF  
COUNTY OF

Sworn to or affirmed and signed before me on {date}\_\_\_\_\_ at {time}\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC OR DEPUTY CLERK

\_\_\_\_\_  
[Print, type or stamp commissioned name of  
Notary or deputy clerk]

\_\_\_\_ Personally known  
\_\_\_\_ Produced identification      Type of identification produced \_\_\_\_\_

----- **For Department Use Only** -----

	Date of Graduation	Equivalent Experience
Educational Experience:		
College: Degree _____	_____	_____ Years
Engineering Intern Number and State _____	_____	_____ Years
PE Number and State _____	_____	_____ Years
Vocational School: _____	_____	_____ Years

NBIS Tunnel Inspector Course: \_\_\_\_\_  
NBIS Tunnel Inspection Refresher Course: \_\_\_\_\_  
Work Experience: \_\_\_\_\_

Structural Design:	_____ Years
Bridge Construction:	_____ Years
Bridge Maintenance:	_____ Years
NTIS Tunnel Inspection:	_____ Years
NBIS Bridge Inspection:	_____ Years
Total Years Creditable Experience (5 years required)	_____ Years

References:

Name	Firm	Excellent	Acceptable	Questionable
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Official Action Taken: Name	Signature	Approved	Disapproved
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Official Board Action: ☐ Approved ☐ Disapproved

Certification Awarded Date: \_\_\_\_\_ CTI Number: \_\_\_\_\_