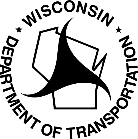
**Wisconsin Department of Transportation**

**Application for Preapproved Fabricators List**

11/2018

**Instructions:** Email the completed form to [DOTDLStructuresFabrication@dot.wi.gov](mailto:DOTDLStructuresFabrication@dot.wi.gov)

|  |  |
| --- | --- |
| **Fabrication Facility Information** | |
| Company | Phone  (   )    -     ext. |
| Address | |
|  | |
| **Contact Information** | |
| Contact Name | Phone  (   )    -     ext. |
| Title | Email |

**For steel bridge fabricators only**

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| **Questions** |
| Is the shop certified by AISC? If so, what certification levels and endorsements has the shop obtained? |
| List any other certifications |
| How long has the shop been active? |
| Has WisDOT work been completed at this fabrication shop in the past? |
| List at least 3 completed DOT projects, include references for each project (project name and location, project contact name, email, and phone number). |
| **Email the fabrication shop’s quality control plan to the structure fabrication unit supervisor:** [kristin.revello@dot.wi.gov](mailto:kristin.revello@dot.wi.gov)  At a minimum, the document should include all Welding Specification Procedures (WPS) and Procedure Qualification Records (PQR) used at the shop, a list of welders and their qualification records, certifications and continuity records, a list of Quality Control (QC) personnel including inspectors, their certifications and qualifications, AISC certification documents. |

**For fabricated bridge component fabricators only**

|  |  |
| --- | --- |
| **Items fabricated at fabrication facility. Select all that apply.** | |
| Railing Assemblies – Crash Tested Railings | Expansion Devices – Strip Seal Joint |
| Railing Assemblies – Decorative Railings | Expansion Devices – Modular Expansion Joint |
| Steel Bearings – Fixed and Expansion Bearings | Expansion Devices – Finger Type Expansion Joint |
| Structural Steel Diaphragms | Expansion Devices – Plate Type Expansion Joint |

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| **Questions** |
| How long has the shop been active? |
| Has WisDOT work been completed at this fabrication shop in the past? |
| List at least 3 completed projects (preferably state DOT projects), include references for each project (project name and location, project contact name, email, and phone number). |
| **email the fabrication shop’s quality control plan to the structure fabrication unit supervisor:** [kristin.revello@dot.wi.gov](mailto:kristin.revello@dot.wi.gov)  The document should include all Welding Specification Procedures (WPS) and Procedure Qualification Records (PQR) used at the shop, a list of welders and their qualification records, certifications and continuity records, a list of Quality Control (QC) personnel including inspectors and their qualifications, AISC certification documents if AISC certified. |

**For sign bridges and overhead sign supports fabricators only**

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| **Items fabricated at fabrication facility. Select all that apply.** |
| Monotubes |
| Planar Trusses |
| Four Chord Trusses |
| Other, description: |

|  |  |  |
| --- | --- | --- |
| **Questions** | | |
| Is the shop certified by AISC? If so, what certification levels and endorsements has the shop obtained? | | |
| How long has the shop been active? | | |
| Has WisDOT work been completed at this fabrication shop in the past? | | |
| List at least 3 completed projects (preferably state DOT projects), include references for each project (project name and location, project contact name, email, and phone number). | | |
| **Email the fabrication shop’s quality control plan to the Structure Fabrication Unit supervisor:** [kristin.revello@dot.wi.gov](mailto:kristin.revello@dot.wi.gov)  The document should include all Welding Specification Procedures (WPS) and Procedure Qualification Records (PQR) used at the shop, a list of welders and their qualification records, certifications and continuity records, a list of Quality Control (QC) personnel including inspectors and their qualifications, AISC certification documents if AISC certified. | | |
|  |  | **For Department use only:** | |
| **Fabricator Representative’s Name** |  |  | |
|  |  |
| **Fabricator Representative’s Signature** |  |
|  |  |
| **Date** |  |