**Wisconsin Department of Transportation**

**Application for Preapproved Fabricators List**

11/2018

**Instructions:** Email the completed form to DOTDLStructuresFabrication@dot.wi.gov

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| **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 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**

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| **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.govThe 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:       |

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| **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.govThe 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** |  |