





## APPLICATION FOR SPECIAL INSPECTOR

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

TYPE OF CERTIFICATION REQUESTED: (Please check all that apply)

\$80.00 annual fee for one certification, \$40 for a 2<sup>nd</sup>, \$20 for a 3<sup>rd</sup> and no charge for any additional certifications

- |                       |                          |  |                          |
|-----------------------|--------------------------|--|--------------------------|
| Concrete              | <input type="checkbox"/> | Structural Steel/Welding                         | <input type="checkbox"/> |
| Masonry               | <input type="checkbox"/> | Fireproofing                                     | <input type="checkbox"/> |
| Pre-Stressed Concrete | <input type="checkbox"/> | Epoxy Anchors                                    | <input type="checkbox"/> |
| Other                 | <input type="checkbox"/> | Wood Structural Panels<br>(High-load Diaphragms) | <input type="checkbox"/> |

Qualifications: (Please provide copies of qualifying documentation, i.e. I.C.C., A.W.S., A.C.I. or City of Los Angeles certification)

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APPROVED

DENIED

By \_\_\_\_\_  
Inspection Supervisor

Reason for Denial: \_\_\_\_\_



## SPECIAL INSPECTOR

### AFFIDAVIT

1. Any work not performed per the City of Fullerton approved plans, and the 2007 California Building Code shall be brought to the immediate attention of the Building Department by phone at (714) 738-6541.
2. Lack of compliance with the above affidavit may result in suspension of the City of Fullerton Special Inspector's Certification.

I have read the above affidavit and agree to abide by it.

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Print Name

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Signature

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Special Inspector Registration Number



**City of Fullerton**  
**Community Development Department**  
**303 West Commonwealth Avenue**  
**Fullerton, CA 92832-1775**

**Experience Resume for  
 Registration as a Certified  
 Special Inspector**

Instructions: Type or print requested information; type "none" in blanks that do not apply		Date Received
Name (First) (Initial) (Last)		Age
Home Address (Street) (City) (Zip Code)		Home Phone

**EDUCATION & SPECIAL CONSTRUCTION TRAINING (Include only training or study in organized class programs)**

Number of years completed	Name or location of last school attended	Final year	Graduated	Degree	Major or specialty
Highest grade of grammar school through high school					
College level or professional school training					
Trade school or Specialized on-the-job Training					
Other (specify)					
List any professional Licenses or certificates that you now possess					

**CONSTRUCTION EXPERIENCE: (List chronologically your work experience during the past 10 years that is directly related to Building Construction, Building Code Enforcement, Construction Inspection, etc.) NOTE: Do not list present employer, but provide this information in the Employment Status section below**

Employment (Month/Year) From _____ To _____	Name and address of employer (include Dept. or Division)	Job title or Trade class	Describe your job duties, type of work performed, number of people supervised
From _____ To _____			
From _____ To: _____			

**EMPLOYMENT STATUS (Do not identify potential employer if employment is contingent upon registration)**

I am now employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Employer	Telephone No.	Describe your job duties & responsibilities
Full time <input type="checkbox"/> Part Time <input type="checkbox"/>	Address		
How Long at Present Job _____	Employer's type of business, principal product or service		
If you become a licensed special inspector in the classification noted: 1. Will you be available to perform continuous inspection on any assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. How will you be available for assignments or employed as a special inspector? <input type="checkbox"/> Employee of a materials testing lab <input type="checkbox"/> An independent without affiliation <input type="checkbox"/> Employee of an inspection agency <input type="checkbox"/> Architect's employee <input type="checkbox"/> Other (describe)		Physical condition 1. Good general health <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Good vision (corrected) <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Are you able to climb and work at heights? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Any physical disability (If yes, describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	

I certify, under penalty of perjury, under the laws of the State of California that the information given herein is true and correct to the best of my knowledge. I authorize the City of Fullerton to verify any statements on this form.

I acknowledge that I will not become an employee of the City of Fullerton as a result of approval as a Certified Special Inspector

\_\_\_\_\_ Date

\_\_\_\_\_ Signature