



**COUNTY OF RIVERSIDE**  
 TRANSPORTATION AND LAND MANAGEMENT AGENCY  
**DEPARTMENT OF BUILDING AND SAFETY**

**SPECIAL INSPECTOR QUALIFICATION APPLICATION**

Name:	Phone No.	
Address:		
City & Zip:		
Applicant's Employer:	Phone No.	
Address:		
City & Zip:		
Certifications/Registrations	Registration No.	Expiration Date
1.		
2.		
3.		
4.		
5.		
6.		
7.		
<b>PLEASE ATTACH</b> Photocopies of the Wallet Cards with Expiration Dates of Your Qualifying Registrations and Certificates, Including Your Driver's License.		

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Concrete                 | <input type="checkbox"/> Gypsum Concrete                    | <input type="checkbox"/> Concrete Moment Frame  |
| <input type="checkbox"/> Insulating Concrete Fill | <input type="checkbox"/> Reinforcing and Prestressing Steel | <input type="checkbox"/> Spray Applied Proofing |
| <input type="checkbox"/> Welding                  | <input type="checkbox"/> Piling, Piers and Caissons         | <input type="checkbox"/> High Strength Bolting  |
| <input type="checkbox"/> Grading, Excavating      | <input type="checkbox"/> Structural Masonry                 | <input type="checkbox"/> Other _____            |

I certify that all statements on this form and on any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the information on this form and attachments may be considered grounds for immediate disqualification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**MAIL THIS APPLICATION, COPY OF CALIFORNIA DRIVERS LICENSE, AND WALLET CARD COPIES TO:**

**DIRECTOR OF BUILDING AND SAFETY, P.O. BOX 1440,  
 RIVERSIDE, CA 92502-1440**