



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS
WELDER PROGRAM

**WELDER QUALIFYING AGENCY
APPLICATION FORM**

DIRECTIONS: Please answer all questions thoroughly. Type or print all responses.

Mail / email the **completed** application along with the appropriate application fee to: WABO, PO Box 7310, Olympia, WA 98507-7310 or registration@wabo.org.

APPLICATION FEE: \$300.00

MAKE CHECKS PAYABLE TO: WABO

After review of the application submittals, the agency will be advised of any deficiencies in the materials. Following reconciliation of any deficiencies the WABO Technical Consultant will schedule an on-site survey/audit of the agency's facilities and equipment. For a list of items to be inspected during the on-site inspection refer to the enclosed WABO Welder Qualifying Agency Inspection-Evaluation Checklist.

Please include the following:

- ___ Original completed application form
- ___ Application fee (make checks payable to WABO)
- ___ Cover letter requesting registration
- ___ Documentation from local jurisdiction (city or county) indicating approval of facility for welding operations:
 - Copy of Certificate of Occupancy – **or** –
 - Zoning Compliance Confirmation – **or** –
 - Use Permit – **or** –
 - Notice of Current Fire Safety Inspection – **or** –
 - Other similar document
- ___ One copy of current Quality Systems Manual (email or thumb drive only)

A separate application is required for each agency location.

Agency Name

Agency Address: _____

Number and Street

City

State

Zip Code

Mailing Address: _____

Number and Street

City

State

Zip Code

Agency Contact Name

Phone No.: _____

FAX No.: _____

E-mail: _____

Agency Examiner Name (Required)

Phone No.:

E-mail:

Agency 2nd Examiner Name (Optional)

Phone No.:

E-mail:

The above agency requests registration as WABO Welder Qualifying Agency to administer welder certification testing to qualify welders for WABO Welder Certification.

I certify that all statements, answers and information given as part of this application process are accurate to the best of my knowledge. I understand that giving false and/or misleading information may be cause for rejection of this application or revocation of subsequent registration as a WABO Welder Qualifying Agency.

Signature of Authorized Representative

Date

Print Name