



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS

SPECIAL INSPECTION REGISTRATION PROGRAM

Lateral Wood and Cold-Formed Steel Framing  
Special Inspector Registration  
Examination Application

**DIRECTIONS:** PLEASE ANSWER THE QUESTIONS THOROUGHLY. TYPE OR PRINT ALL RESPONSES. SUBMIT A SEPARATE APPLICATION FORM FOR EACH INSPECTOR APPLIED FOR.

**NOTE:** APPLICATIONS MUST BE ACCOMPANIED BY:

1. SPECIAL INSPECTOR INITIAL APPLICATION
2. A LETTER OF RECOMMENDATION FROM THE WABO REGISTERED AGENCY.

MAIL THE **ORIGINAL** OF THE COMPLETED APPLICATION AND APPLICANT QUALIFICATION DOCUMENTATION ALONG WITH THE APPROPRIATE APPLICATION FEE TO:

**WABO  
PO BOX 7310  
OLYMPIA, WA 98507-7310**

**APPLICATION FEE: \$125 FOR EACH TYPE OF WORK BEING APPLIED FOR ON THIS APPLICATION FORM.**

**MAKE CHECKS PAYABLE TO : WABO**

**Applicant Information**

Applicant Name \_\_\_\_\_  
(last) (first) (M.I.)

Home Address \_\_\_\_\_  
\_\_\_\_\_  
(city) (state) (zip)

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Agency Employer Name \_\_\_\_\_

Agency Location \_\_\_\_\_

Agency Phone No. (\_\_\_\_\_) \_\_\_\_\_

**Please indicate which test you are applying to take.**

Lateral Wood Exam \_\_\_\_\_

Cold-Formed Steel Framing Exam \_\_\_\_\_

## **SPECIAL NEEDS REQUESTS**

If you require special assistance or auxiliary aids due to a disability, you may request special examination arrangements. Your request must accompany your application. The request should indicate the nature of the disability and the special accommodations needed. Clarification of both the disability and the need for special accommodations by a licensed medical professional may be required.

## **CERTIFICATIONS**

I Hereby certify that I am the person indicated on this application form, that all the information I have given herein is true and complete to the best of my knowledge and that any false statement will be cause for voiding this application and/or subsequent certification.

I further certify that I understand the secure and confidential nature of the examination, and will not reveal the contents of the examination to anyone.

I agree, by signature to this application, that the Washington Association of Building Officials is under no obligation to retain completed exam answer sheets or test scores for any period of time following tabulation of examination results.

Finally, I affirm that I will abide by the rules of the examination as outlined in the examination application bulletin and as prescribed by the examination proctor.

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(Applicant signature)

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(Date)