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.

_________________________________________  ____________
(Applicant signature)                      (Date)