

WASHINGTON ASSOCIATION OF BUILDING OFFICIALS STEEL FABRICATOR REGISTRATION PROGRAM

KEY QUALITY CONTROL INSPECTOR 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.

MAKE CHECKS PAYABLE TO: WABO

1. APPLICANT INFORMA	TION	
	ead Quality Control Inspector Interview Quality Control Backup Inspector Interv	. ,
Applicant Name: (Last)	(First)	(MI)
		()
(No. and Street)	
(City)	(State)	(Zip Code)
Home Phone:	Email:	
Are you 18 years of age or olde	er? Yes No	
Fabricator Employer Name		
Fabricator Location		
Fabricator Phone Number		
Facility Quality Control Manage		
How long have you been emplo	oyed by this fabricator?	
How long have you been in you	Ir current position?	
2. AWS CWI AND / OR IC CERTIFICATION (REQ	C STRUCTURAL STEEL AND WELL UIRED)	DING SPECIAL INSPECTOR
Certificate Number:	* Expiration Date:	
	Expiration Date:	
	*	

Include copy of current certification

3. EDUCATION AND TRAINING INFORMATION

NOTE: Information should relate to the type(s) of work for which the applicant is seeking registration. Merely referencing an enclosed resume is not acceptable. The list should contain specific education and training experience with relevant dates of each experience. If additional space is needed, attach supplemental sheets.

4. WORK EXPERIENCE INFORMATION

NOTE: Information should relate to the type(s) of work for which the applicant is seeking registration. Merely referencing an enclosed resume is not acceptable. The list should contain specific work experience with relevant dates of each experience. If additional space is needed, attach supplemental sheets.

5. PROJECTS EXPERIENCE LIST

NOTE: Information should relate to the type(s) of work for which the applicant is seeking registration. Merely referencing an enclosed resume is not acceptable. The list should include: the name of the project; the date(s) the applicant worked on the project, the name and telephone number for the registered agency or the applicants supervisor on the project. If additional space is needed, attach supplemental sheets.

6. INFORMATION ACCURACY CERTIFICATION AND INQUIRY CONSENT

I certify that all statements, answers, and information given as a part 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 Structural Steel Fabricator.

I consent and authorize representatives of the Washington Association of Building Officials to request any information concerning my previous employment, education, military service or other information pertinent to this application.

(Signature of Applicant)

(Date)