

WASHINGTON ASSOCIATION OF BUILDING OFFICIALS STEEL FABRICATOR REGISTRATION PROGRAM

KEY QUALITY CONTROL INSPECTOR REAPPLICATION 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.

<u>APPLICATION FEE:</u> \$200 PER INSPECTOR INTERVIEW / \$200 PER INSPECTOR EXAM

MAKE CHECKS PAYABLE TO: WABO

1. APPLICANT INFORMATION

Application For:	Lead Quality Control Inspector Interview		
	Lead Quality Control Inspector E	xam	
	Quality Control Backup Inspector	r Interview	
	Quality Control Backup Inspector	r Exam	
			
Applicant Name:		(First)	
(Last)	(FII	rst)	(MI)
Home Address:			
(No. and Str	eet)		
(City)	(State)	(Zip Code)	
Home Phone:	Email:		_
Are you 18 years of age or ol	lder? Yes No		
Fabricator Employer Name			
Fabricator Location			
Fabricator Phone Number			
Facility Quality Control Mana	ger	_	
How long have you been em	ployed by this fabricator?		
How long have you been in y	our current position?		

2. AWS CWI AND / OR ICC STRUCTURAL STEEL AND WELDING SPECIAL INSPECTOR

Certificate Number: Expiration Date:	
Include copy of current certification	
Certificate Number: 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, attacknowledges and training experience with relevant dates of each experience. If additional space is needed, attacknowledges.	ion
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 wo experience with relevant dates of each experience. If additional space is needed, attach supplements sheets.	ork
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, attacknowledges applicated to the project of the project. If additional space is needed, attacknowledges applicated to the project.	he he
6. INFORMATION ACCURACY CERTIFICATION AND INQUIRY CONSENT	
I certify that all statements, answers, and information given as a part this application process a accurate to the best of my knowledge. I understand that giving false and/or misleading information makes to the best of this application or revocation of subsequent registration as a Structural Stephricator.	ay
I consent and authorize representatives of the Washington Association of Building Officials to reque any information concerning my previous employment, education, military service or other information pertinent to this application.	

(Date)

(Signature of Applicant)