

WASHINGTON ASSOCIATION OF BUILDING OFFICIALS STEEL FABRICATOR REGISTRATION PROGRAM

KEY QUALITY CONTROL INSPECTOR TRANSFER 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 INFOR	MATION				
Applicat	ion For:	Lead Quality Control Inspector Transfer (\$65)				
		Quality Control Back	up Inspector Trai	nsfer (\$65)		
Applicar	nt Name:		(—)		(2.4)	
(Last)			(First)		(MI)	
Home A	ddress: (No. and S	treet)				
	(
(City)		(State)	(Zip Code)		
Home P	hone:		_ Email:			
2. 1		ROM				
Fabricat	or Employer Name					
Fabricat	or Location					
Fabricat	or Phone Number					
Facility (Quality Control Man	ager				
•	TRANSFERRING T	-				
J.	I KANSFERKING I	0				
Fabricat	or Employer Name					
Fabricat	or Location					
Fabricat	or Phone Number					

Facility Quality Control Manager

4. AWS CWI AND / OR ICC STRUCTURAL STEEL AND WELDING SPECIAL INSPECTOR **CERTIFICATION (REQUIRED)**

Expiration Date: Certificate Number: **Include copy of current certification**

Certificate Number: _____ Expiration Date: _____

Include copy of current certification

5. 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)