



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS
SPECIAL INSPECTION REGISTRATION PROGRAM

KEY PERSONNEL REINSTATEMENT APPLICATION

DIRECTIONS: Please answer all questions thoroughly. Type or print all responses. Refer to WABO Standard No. 1701 for detailed application prerequisites.

Mail / email the **completed** application along with the appropriate application fee to: WABO, PO Box 7310, Olympia, WA 98507-7310 or registration@wabo.org.

NOTE: Applications must be accompanied by a letter of recommendation from the agency.

APPLICATION FEE: \$83.00 PER KEY PERSONNEL CERTIFICATE

MAKE CHECKS PAYABLE TO: WABO

KEY PERSONNEL REINSTATEMENT

Key personnel failing to renew their certificate of registration prior to the assigned expiration date may apply for reinstatement of their certificate if:

1. Their employing agency is a WABO Special Inspection Program registered agency (or has an application submittal package in process to become a WABO Special Inspection Program registered agency on file in the WABO office); and
2. They submit a completed Key Personnel Reinstatement Registration Application along with the prescribed fees;
3. An application and prescribed fee are received in the WABO office within 60 calendar days of the expiration of a Certificate of Registration; and
4. An application must include an acceptable explanation(s) of why the expired certificate of registration was not renewed in a timely manner during the normal renewal process; and
5. An application will not be accepted from any key personnel individual who has had a certificate of registration suspended or withdrawn.



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KEY PERSONNEL REINSTATEMENT APPLICATION

(MUST BE RECEIVED WITHIN 60 DAYS OF THE EXPIRATION OF A CERTIFICATE OF REGISTRATION)

REINSTATEMENT FEE: \$83.00 PER CERTIFICATE OF REGISTRATION

MAKE CHECKS PAYABLE TO: WABO

1. APPLICANT INFORMATION

Application For: _____ Technical Director (**\$83.00**)
_____ Supervising Laboratory Technician (**\$83.00**)
_____ Special Inspection Field Supervisor (**\$83.00**)

Applicant Name: _____
Last First MI

Home Address: _____
Number and Street

City State Zip Code

Phone No.: _____ Email: _____

Agency Name Location

Phone No.: _____ Email: _____

Agency Physical Address: _____
Number and Street

City State Zip Code

Agency Mailing Address: _____
Number and Street

City State Zip Code

2. TYPE(S) OF WORK FOR WHICH APPLICANT IS SEEKING REGISTRATION

Key personnel may become registered to direct or supervise any number of types of work Check each type of work you are applying for below:

_____ Reinforced Concrete (RC)*	_____ Spray-Applied Fire-Resistive Materials (FP)
_____ Prestressed Concrete (PC)**	_____ Structural Wood (SWD)
_____ Shotcrete (SC)**	_____ Mass Timber Endorsement (MT)***
_____ Structural Masonry (SM)	_____ Cold-Formed Steel Framing (CF)
_____ Structural Steel and Bolting (SSB)	_____ Post-Installed Anchors (PA)
_____ Structural Welding (SW)	_____ Fire-Resistant Penetrations and Joints (FS)

* Requires current ACI certification as an ACI Field Technician Grade 1.

** Reinforced Concrete registration is a prerequisite for obtaining this inspector registration.

*** Structural Wood registration is a prerequisite for obtaining this inspector registration endorsement.

3. EXPLANATION(S) OF WHY THE EXPIRED CARD WAS NOT RENEWED IN A TIMELY MANNER DURING THE NORMAL RENEWAL PROCESS.

(If additional space is needed, attach supplemental sheets).

4. 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 special inspection agency.

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

Print Name