



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS
WELDER PROGRAM

WELDER QUALIFYING AGENCY APPLICATION

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.

APPLICATION FEE: \$309.00*

MAKE CHECKS PAYABLE TO: WABO

After review of the application submittals, the agency will be advised of any deficiencies in the materials. Following reconciliation of any deficiencies the WABO Technical Consultant will schedule an on-site survey/audit of the agency's facilities and equipment. For a list of items to be inspected during the on-site inspection refer to the enclosed WABO Welder Qualifying Agency Inspection-Evaluation Checklist.

Please include the following:

- ___ Completed application
- ___ Application fee (make checks payable to WABO)
- ___ Cover letter requesting registration
- ___ Documentation from local jurisdiction (city or county) indicating approval of facility for welding operations:
 - Copy of Certificate of Occupancy – or –
 - Zoning Compliance Confirmation – or –
 - Use Permit – or –
 - Notice of Current Fire Safety Inspection – or –
 - Other similar document
- ___ One copy of current Quality Systems Manual (email or thumb drive only)

A separate application is required for each agency location.

Agency Name _____

Agency Contact Name _____

Phone No.: _____ Email: _____

Agency Physical Address: _____
Number and Street

City _____ State _____ Zip Code _____

Agency Mailing Address: _____
Number and Street

City _____ State _____ Zip Code _____

*Includes 2 hours application and deficiency processing time. Additional processing time will be charged prevailing hourly rate

Agency Examiner Name (Required)

Phone No.: _____ Email: _____

Agency 2nd Examiner Name (Optional)

Phone No.: _____ Email: _____

The above agency requests registration as WABO Welder Qualifying Agency to administer welder certification testing to qualify welders for WABO Welder Certification.

I certify that all statements, answers and information given as part of 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 WABO Welder Qualifying Agency.

Signature of Authorized Representative

Date

Print Name