



CITY OF FOSTER CITY
 Community Development Department
 Building Division
 610 Foster City Blvd, Foster City, CA 94404
 Phone: 650-286-3227 | Email: building@fostercity.org

SPECIAL INSPECTOR REGISTRATION

Applicant Name: _____ Registration No.: _____

Business License No.: _____ Expiration Date: _____

Company: _____ Registration Fee: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Cell Phone Number: _____

I. Categories or Registration:

- | | | |
|---|---|--|
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Prestressed Concrete | <input type="checkbox"/> Post Tension |
| <input type="checkbox"/> Shotcrete | <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Welding & Bolting |
| <input type="checkbox"/> Spray-applied Fireproofing | <input type="checkbox"/> Piling | <input type="checkbox"/> HERS Rater |
| <input type="checkbox"/> Other _____ | | |

II. Approved Agency Certification

- ICC & ACI _____ City of San Francisco _____
- County of _____ SEERS (Energy) _____

III. Education & Experience:

Please complete the education and experience information on the reverse side of this form

IV. Declaration

I hereby certify that all the information provided on this application is true and correct to the best of my knowledge, and that I will inform this jurisdiction in the event any certification listed above is no longer in good standing. I understand that false or misleading information shall provide sufficient cause for disqualification.

Applicants Signature

Date

Office Use

Supporting documents verified by: _____
Signature Date

Application for Registration approved by: _____
Building Official Date

EDUCATION AND EXPERIENCE

Show courses which you have completed that are required and others directly related to the certification for which you are applying.



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NAME & LOCATION OF SCHOOL	DATES ATTENDED	FIELD OF STUDY	DEGREE OR CERTIFICATE
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		

EXPERIENCE: INCLUDING ANY PERIODS OF SELF-EMPLOYMENT, LIST ALL EMPLOYMENT FOR THE LAST 10 YEARS BEGINNING WITH THE MOST RECENT.

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PRESENT EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PRESENT EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PRESENT EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	