



Building Safety Division
 City of Bend
 710 NW Wall Street, Bend OR 97703

APPLICATION FOR INDIVIDUAL INSPECTOR REGISTRATION SPECIAL INSPECTION PROGRAM

To apply for registration on the City of Bend SIP Individual Special Inspector roster, please complete this entire form and email to cmackenzie@bendoregon.gov with all required supporting documents. This form is available online at www.bendoregon.gov.

Print all information exactly as it should be listed. The name listed must be an exact match to the Accrediting Agency records.

Full Name: _____ Position Title: _____

Mailing Address: _____
 City State ZIP

Business/Daytime Phone: _____ Cell Phone: _____

Work Email: _____ Personal Email: _____

Current Employer (Agency)*: _____

Employer's Mailing Address: _____
 City State ZIP

*To be approved and registered on the Individual Inspector roster, the employer/agency listed here must also be a current registered agency with the City of Bend (and has submitted your name with their agency application). Any changes to your employer must be communicated with the City of Bend immediately. Verification from registered agencies will be confirmed before approval of this application and before being included on the roster.

CATEGORY SELECTIONS – Check ALL categories for which you are applying (no limit)

Applicant shall provide verification of experience, education, and certification that demonstrates competence in special inspection categories desired as determined by the Building Official. See the International Accreditation Service's [Minimum Qualifications for Special Inspectors](#) (page 15).

	Accrediting Authority	Certification #	Exp. Date
<input type="checkbox"/> Reinforced Concrete (RC)	_____	_____	_____
<input type="checkbox"/> Prestressed/Post-Tensioned Concrete (PC)	_____	_____	_____
<input type="checkbox"/> Structural Masonry (SM)	_____	_____	_____
<input type="checkbox"/> Structural Steel and Bolting (S1)	_____	_____	_____
<input type="checkbox"/> Structural Steel-Welding (S2)	_____	_____	_____
<input type="checkbox"/> Spray-applied Fireproofing (FP)	_____	_____	_____
<input type="checkbox"/> Soils Construction (EC)	_____	_____	_____
<input type="checkbox"/> Structural Wood (SW)	_____	_____	_____

	Accrediting Authority	Certification #	Exp. Date
<input type="checkbox"/> Cold Formed Steel (CF)	_____	_____	_____
<input type="checkbox"/> Proprietary Anchors (PA)	_____	_____	_____
<input type="checkbox"/> Firestopping (FS)	<input type="checkbox"/> UL Firestop Exam	_____	_____
	<input type="checkbox"/> FM Firestop Exam	_____	_____
	<input type="checkbox"/> IFC Firestop SI Exam	_____	_____
	<input type="checkbox"/> ICC CLA-FST Exam	_____	_____
<input type="checkbox"/> Other:			
_____	_____	_____	_____

I attest all information is true and complete to the best of my knowledge.

Signature: _____ Date: _____