

| INDIVIDUAL APPLICANT INFORMATION | | | | |
|--|----------------------------------|---|-----------------|-----------------|
| (Please complete this form for each applicant listed on Page 1) | | | | |
| Applicant Name: | | | | |
| Employer Name: | | | | |
| Mailing Address: | | | | |
| City: | | State: | Zip code: | |
| Telephone number: (____) _____ - _____ | Fax number: (____) _____ - _____ | | | |
| E-mail: | | | | |
| CERTIFICATIONS REQUESTED (check all that apply) | | | | |
| <input type="checkbox"/> Plan Examiner | | <input type="checkbox"/> Building Inspector | | |
| ICC CERTIFICATION INFORMATION | | | | |
| If you are certified by the International Code Council (ICC), enter the information requested. | | | | |
| Commercial Inspector Certification Categories | Certification Number | Date Obtained | Expiration Date | |
| Commercial Building Inspector / Building Inspector | | | | |
| Commercial Mechanical Inspector | | | | |
| Commercial Combination Inspector | | | | |
| General Plans Examiner Certification Categories (Applies only for local jurisdiction applicants) | Certification Number | Date Obtained | Expiration Date | |
| Building Plans Examiner | | | | |
| Mechanical Plans Examiner | | | | |
| Combination Plans Examiner | | | | |
| Specify Other Certification Categories | Certification Number | Date Obtained | Expiration Date | |
| | | | | |
| | | | | |
| OTHER STATE OR NATIONAL ORGANIZATION CREDENTIAL INFORMATION | | | | |
| If you have credentials from other organizations (not ICC), enter the information requested. | | | | |
| Name of Organization | Credential Type | Credential Number | Date Obtained | Expiration Date |
| | | | | |
| | | | | |
| EDUCATION AND TRAINING | | | | |
| In lieu of appropriate ICC certification or other national organization credentials or certifications, education and experience may be evaluated to meet certification requirements. Applicants shall have at least five years of demonstrated education, training, and experience in building plan review or inspections. Inspector certifications issued on the basis of education and experience will be valid for one year, and will require the applicant to obtain national certification prior to OPS renewal of the certification. Check all boxes below that apply. | | | | |
| <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Degree awarded– specify _____ | | | | |
| <input type="checkbox"/> Experience in building construction, which required the ability to effectively read and interpret building plans and specifications. | | | | |
| <input type="checkbox"/> Experience as a building plans examiner reviewing plans for code compliance. | | | | |
| <input type="checkbox"/> Experience as an inspector of building construction. | | | | |

Registered architect or professional engineer. Field of Specialty: _____
 Registration Type: _____ Registration Number: _____
 Issued by State of: _____ Expiration Date: _____
 Are continuing education credits required to maintain registration?: Yes or No

EMPLOYMENT HISTORY AND EXPERIENCE

List your experience beginning with your present position. Describe your duties and experience related to building construction projects, list areas of expertise related to occupancy types, etc. List at least five years of building construction experience. Attach additional sheets if necessary.

| | |
|---|---|
| Employer name: _____ Address: _____ Phone: () - ext. | Period of employment: _____ From: _____ To: _____ Hours worked per week: _____ Position/Title: _____ |
|---|---|

Describe work performed:

| | |
|--|---|
| Employers name: _____ Address: _____ Phone: () - ext. | Period of employment: _____ From: _____ To: _____ Hours worked per week: _____ Position/Title: _____ |
|--|---|

Describe work performed:

| | |
|--|---|
| Employers name: _____ Address: _____ Phone: () - ext. | Period of employment: _____ From: _____ To: _____ Hours worked per week: _____ Position/Title: _____ |
|--|---|

Describe work performed:

I certify all statements are true to the best of my knowledge and that all work shall be performed in accordance with the regulations adopted by the Division of Oil and Public Safety (7 CCR 1101-7).
 I authorize the Division of Oil and Public Safety to post my certification on the Division's website.

| | |
|----------------------------|--------------------|
| Applicant Signature: _____ | Date Signed: _____ |
|----------------------------|--------------------|

| OPS USE ONLY | | | | | |
|---------------|--------------|--|-----------------|-------------|-------------|
| Date Reviewed | Reviewed by: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Certification # | Issue Date | Expiry Date |
| ___/___/___ | | | | ___/___/___ | ___/___/___ |

RETURN COMPLETED FORM TO:

Public School Construction Program
Division of Oil and Public Safety
633 17th Street, Suite 500
Denver, CO 80202