



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS  
SPECIAL INSPECTION REGISTRATION PROGRAM

**SPECIAL INSPECTOR REGISTRATION EXAMINATION APPLICATION**

**DIRECTIONS:** Please answer all questions thoroughly. Type or print all responses. Submit a separate application for each inspector applied for.

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:

1. Special Inspection Initial Application.
2. A letter of recommendation from the WABO registered agency.

**APPLICATION FEE:**

**\$140.00 FOR EACH TYPE OF WORK BEING APPLIED FOR ON THIS APPLICATION.**

***MAKE CHECKS PAYABLE TO: WABO***

**1. APPLICANT INFORMATION**

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. PLEASE INDICATE WHICH TEST YOU ARE APPLYING TO TAKE:**

- |  |  |
|--|--|
| <input type="checkbox"/> Shotcrete (SC)        | <input type="checkbox"/> Cold-Formed Steel Framing (CF)              |
| <input type="checkbox"/> Structural Wood (SWD) | <input type="checkbox"/> Fire-Resistant Penetrations and Joints (FS) |
| <input type="checkbox"/> Mass Timber (MT)      |  |

**3. SPECIAL NEEDS REQUESTS**

If you require special assistance or auxiliary aids due to a disability, you may request special examination arrangements. Your request must accompany your application. The request should indicate the nature of the disability and the special accommodations needed. Clarification of both the disability and the need for special accommodations by a licensed medical professional may be required.

**4. CERTIFICATIONS**

I Hereby certify that I am the person indicated on this application, that all the information I have given herein is true and complete to the best of my knowledge and that any false statement will be cause for voiding this application and/or subsequent certification.

I further certify that I understand the secure and confidential nature of the examination and will not reveal the contents of the examination to anyone.

I agree, by signature to this application, that the Washington Association of Building Officials is under no obligation to retain completed exam answer sheets or test scores for any period of time following tabulation of examination results.

Finally, I affirm that I will abide by the rules of the examination as outlined in the examination application bulletin and as prescribed by the examination proctor.

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Signature of Applicant

Date

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Print Name