



WASHINGTON ASSOCIATION OF BUILDING OFFICIALS
SPECIAL INSPECTION REGISTRATION PROGRAM

SPECIAL INSPECTOR REINSTATEMENT 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 a letter of recommendation from the agency.

APPLICATION FEE: \$83.00 FOR EACH INSPECTOR REGISTRATION REINSTATED

MAKE CHECKS PAYABLE TO: WABO

REINSTATEMENT REGISTRANT

Individuals failing to renew their inspector registrations prior to the assigned expiration date may apply for reinstatement of their registration, if:

1. Their employing agency is a WABO Special Inspection Registration Program registered agency (or has an application on file at WABO);
2. An application is submitted on a prescribed "Reinstatement Registrant" application;
3. An application is accompanied by the prescribed application fee;
4. An application is accompanied by the expired inspectors registration card;
5. An application is accompanied by unexpired ICC, ACI, CWI, and/or WABO certificates for types of work to be reinstated;
6. An application and prescribed fee are received in the WABO office within 60 calendar days of the expiration of a Certificate of Registration;
7. An application must include an acceptable explanation of why the expired card was not renewed in a timely manner during the normal renewal process;
8. An application will not be accepted from an inspector who has had a registration suspended or withdrawn.



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SPECIAL INSPECTOR REINSTATEMENT APPLICATION

(MUST BE RECEIVED WITHIN 60 DAYS OF THE EXPIRATION OF A CERTIFICATE OF REGISTRATION)

REINSTATEMENT FEE: \$83.00 PER CERTIFICATE OF REGISTRATION

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. TYPE(S) OF WORK FOR WHICH APPLICANT IS SEEKING REGISTRATION

2.1 Inspectors may reinstate an expired certification, as provided for in this bulletin, for only those types of work appearing on the expired certificate. Check each type of work the inspector is applying for below:

- | | |
|---|--|
| <input type="checkbox"/> Reinforced Concrete (RC)* | <input type="checkbox"/> Spray-Applied Fire-Resistive Materials (FP) |
| <input type="checkbox"/> Prestressed Concrete (PC)** | <input type="checkbox"/> Structural Wood (SWD) |
| <input type="checkbox"/> Shotcrete (SC)** | <input type="checkbox"/> Mass Timber Endorsement (MT)*** |
| <input type="checkbox"/> Structural Masonry (SM) | <input type="checkbox"/> Cold-Formed Steel Framing (CF) |
| <input type="checkbox"/> Structural Steel and Bolting (SSB) | <input type="checkbox"/> Post-Installed Anchors (PA) |
| <input type="checkbox"/> Structural Welding (SW) | <input type="checkbox"/> Fire-Resistant Penetrations and Joints (FS) |

* Requires current ACI certification as an ACI Field Technician – Grade 1. (Refer: WABO Bulletin No. R-99-01)

** Reinforced Concrete registration is a prerequisite for obtaining this inspector registration.

*** Structural Wood registration is a prerequisite for obtaining this inspector registration endorsement.

3. EXPLANATION(S) OF WHY THE EXPIRED CARD WAS NOT RENEWED IN A TIMELY MANNER DURING THE NORMAL RENEWAL PROCESS.
(If additional space is needed, attach supplemental sheets).

4. INFORMATION ACCURACY CERTIFICATION AND INQUIRY CONSENT

I certify that all statements, answers, and information given as a part 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 special inspection agency.

I consent and authorize representatives of the Washington Association of Building Officials to request any information concerning my previous employment, education, military service or other information pertinent to this application.

Signature of Applicant

Date

Print Name