

WASHINGTON ASSOCIATION OF BUILDING OFFICIALS CERTIFICATION AND REGISTRATION PROGRAM

VIOLATION REPORT

The Washington Association of Building Officials strives to maintain a high standard of integrity for the Special Inspection and Welder Certification programs. We take any allegations of violations of WABO Standards seriously and will investigate all legitimate reports.

In order for a violation report to be considered, it must be submitted in writing using this form and sent to the WABO office at PO Box 7310, Olympia, WA 98507. Backup documentation may be attached to the report form. Anonymous submissions will not be accepted.

All violation reports will be referred to the WABO Certification and Registration (C&R) Committee for their consideration at their next regularly scheduled meeting. If the C&R Committee determines the report has merit, it will be forwarded to the WABO Technical Consultant for further investigation and recommendation. The Technical Consultant will evaluate the report and backup documentation. If necessary, he will interview the person who submitted the report and the subject of the violation, as well as conduct an on-site visit. Any company or individual named in the violation, as well as the local building official, may obtain a copy of it from the WABO office.

Once the Technical Consultant has completed the investigation, it will be submitted to the C&R Committee, along with his recommendation. The C&R Committee will then act on the reported violation and all parties will be informed of the decision.

NATURE OF VIOLATION

Name of Company				
Company Address:				
Number and Stree	t			
City	State	Zip Code		
Phone No.:	Email:			
Name of Individual				
Individual Address:				
Number and Stree	t			
City	State	Zip Code		
Phone No.:	Email:			

DESCRIPTION OF VIOLATION

Describe the date of the violation and pertinent details below, including the section of WABO Special Inspection Standard 1701 or WABO Weld Standard 27-13 violated. If you need more space, please attach separate sheets. Attach copies of substantiating documents, if any.

Name of Local Building Official:

Date violation reported to Building Official:

WITNESSES

With factual knowledge of the events, if applicable. (Use additional sheets, if needed)

Name of Witness	S			
Witness Address	8:			
	Number and Street			
City		State	Zip Code	
Phone No.:		Email:		
Name of Witness	S			
Witness Address	5:			
	Number and Street			
City		State	Zip Code	
Phone No.:		Email:		

YOUR INFORMATION

Name		
Address: Number and Street		
City	State	Zip Code
Phone No.:	Email:	
STATEMENT OF PERSON FIL	ING THIS REPORT	
I understand that a copy of this this report, as well as to the loca	violation report may be provided to any co I building official.	ompany or person named in

Signature

Date

Print Name