



**COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC WORKS
BUILDING AND SAFETY DIVISION**

Attn: Special Inspector Testing Program
900 South Fremont Avenue, 3rd Floor
Alhambra, CA 91803

APPLICATION FOR REGISTRATION AS A SPECIAL INSPECTOR

Reinforced Concrete (C), Prestressed Concrete (P), Structural Masonry (M), and
Welding & High Strength Bolting (W)

Applicant Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Telephone #:** _____ **Cell Phone #:** _____

Driver's License #: _____ **Date of Birth:** _____

DISCIPLINE APPLYING FOR: C P M W Other _____
(Check one box only)

EDUCATION: High School Graduate or Equivalent? YES NO If no, number of years completed _____

Show courses which you have completed that are required and others directly related to the certification for which you are applying.

NAME & LOCATION OF SCHOOL	DATES ATTENDED		FIELD OF STUDY	DEGREE OR CERTIFICATE
	From:	To:		
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			
	From:			
	To:			

EXPERIENCE: Including any periods of self-employment, list all employment for the last 10 years beginning with the most recent.

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PRESENT EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

REFERENCES: Applications will be returned as incomplete without all three (3) letters of reference.

NAME	TITLE	COMPANY	MAILING ADDRESS

I hereby certify that all the information provided on this application is true and correct to the best of my knowledge. I understand that false or misleading information shall provide sufficient cause for disqualification.

Applicant's Full Signature

APPLICATIONS THAT ARE NOT PROPERLY FILLED OUT OR ARE INCOMPLETE WILL BE RETURNED TO THE APPLICANT ALONG WITH THE APPLICATION FEE.