



CITY OF SANTA CLARITA
BUILDING & SAFETY DIVISION
 23920 Valencia Boulevard, Suite 140
 Santa Clarita, CA 91355 (661) 255-4935

Application to Renew Registration as a Special Inspector

Please complete ALL fields.

Name _____ Date _____

ID Type: Driver's License State Issued ID Other (specify) _____

ID No. _____ Expiration Date _____

ADDRESS CHANGE YES NO

New Address _____

City _____ State _____ Zip _____

Company Name _____

Company Phone () _____ Cell () _____

Email _____ Fax () _____

Certification Type(s):

- | | |
|---|--|
| <input type="checkbox"/> Structural Steel & Bolting | <input type="checkbox"/> Mastic & Intumescent Fire Resistant Coatings |
| <input type="checkbox"/> Structural Steel Welding | <input type="checkbox"/> Exterior Insulation and Finish Systems |
| <input type="checkbox"/> Concrete Construction | <input type="checkbox"/> Smoke Control System Testing |
| <input type="checkbox"/> Prestressed Concrete | <input type="checkbox"/> Wood (High Load Diaphragms & Seismic) |
| <input type="checkbox"/> Shotcrete | <input type="checkbox"/> Architectural Components for Buildings >30 Feet in Height |
| <input type="checkbox"/> Masonry Construction | <input type="checkbox"/> Mechanical & Electrical Components (Installation & Anchorage) |
| <input type="checkbox"/> Soils | <input type="checkbox"/> Seismic Isolation Systems |
| <input type="checkbox"/> Sprayed Fire Resistant Materials | <input type="checkbox"/> Post Installed Anchors |

ORGANIZATION: _____ CERTIFICATE NO. _____

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By signing below, I acknowledge I must submit a renewal application to be considered for the Special Inspector Program for the City of Santa Clarita, provide verification of qualifications, and/or pass an examination to demonstrate competency in the special inspector areas being considered for registration.

I hereby certify that all the information given herein is true to the best of my knowledge. I understand that any false statement will subject me to disqualification.

Signature of Applicant _____ Date _____