



**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 \_\_\_\_\_