



CITY OF OCEANSIDE

Building Division
300 N Coast Highway
Oceanside, CA 92054
760-435-3950
www.ci.oceanside.ca.us

Special Inspector Registration

Special Inspector # _____

Check one: New or Update

NAME: _____

DATE: _____

HOME ADDRESS: _____

CELL PHONE: _____

E-MAIL: _____

COMPANY NAME/ADDRESS/PHONE: _____

I. Categories of Registration: (Work you will inspect)

- | | | |
|---|---|--|
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structural Steel & Bolting | <input type="checkbox"/> Pre-stressed concrete |
| <input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Spray-Applied Fire Proofing/Mastic | <input type="checkbox"/> Structural Welding |
| <input type="checkbox"/> Exterior Insulation/Finish systems | <input type="checkbox"/> Wood Construction | <input type="checkbox"/> Smoke Control |
| <input type="checkbox"/> Soils | <input type="checkbox"/> High-Strength Bolting (structural steel) | <input type="checkbox"/> Special Cases _____ |
| <input type="checkbox"/> OTHER _____ | | |

II. Certifications in good standing: (attach copies of current certification documents):

- | | | |
|--|--|---|
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Structural Steel & Bolting S.I. | <input type="checkbox"/> Pre-stressed concrete S.I. |
| <input type="checkbox"/> IBC/ICC Combination inspector | <input type="checkbox"/> Master of Special Inspection | <input type="checkbox"/> Structural Welding S.I. |
| <input type="checkbox"/> Spray-Applied Fire Proofing | <input type="checkbox"/> IBC Commercial Building Inspector | <input type="checkbox"/> AWCI EIFS |
| <input type="checkbox"/> NEBB / AABC smoke control | <input type="checkbox"/> AWCI certified (mastic) | <input type="checkbox"/> Soils Special Inspector |
| <input type="checkbox"/> OTHER: _____ | | |

ACI: Concrete Field Testing Technician I , II Shotcrete nozzleman WET DRY (CIRCLE)

AWS: Certified Welding Inspector Senior Certified Welding Inspector

III. Education and Experience: Please complete the Education and Experience History on the form provided (page 2).

IV. Special Inspection Experience in Oceanside:

Please list all Special Inspections performed in the City of Oceanside on the form provided (page 3).

V. Declaration:

I hereby affirm that all the information I have given herein is true and complete to the best of my knowledge, and that I will inform this jurisdiction in the event any certification listed above is no longer in good standing.

I understand that any false statement herein will subject me to disqualification anytime.

I agree to follow the procedures outlined in applicable codes and standards in the performance of special inspection work at all times and understand that failure to do so may result in approval being revoked.

Signature

Date

Building Division Use Only				
Application for Registration Approved by:	Name	Initials	Date	Expiration Date
Application for Registration Denied by:	Name	Initials	Date	
Reason for Denial:				



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II. Education and Experience:

NAME AND LOCATION OF COLLEGES TRADE SCHOOLS, SEMINARS ATTENDED	DATES ATTENDED	CREDITS COMPLETED		MAJOR	UNITS COMPLETED IN MAJOR	DEGREES OR CERTIFICATES RECEIVED
		UNITS /	CEUs			
	FROM:					
	TO:					
	FROM:					
	TO:					
	FROM:					
	TO:					

EMPLOYMENT EXPERIENCE – List all employment relevant to approval as a special inspector

DATES (Year/Month)	COMPANY:	YOUR TITLE:				
FROM:	ADDRESS:	DUTIES:				
TO:	PHONE NUMBER:					
	SUPERVISOR'S NAME:	CONCRETE	MASONRY	STEEL	FIREPROOFING	OTHERS
TOTAL TIME:		%	%	%	%	%

DATES (Year/Month)	COMPANY:	YOUR TITLE:				
FROM:	ADDRESS:	DUTIES:				
TO:	PHONE NUMBER:					
	SUPERVISOR'S NAME:	CONCRETE	MASONRY	STEEL	FIREPROOFING	OTHERS
TOTAL TIME:		%	%	%	%	%

DATES (Year/Month)	COMPANY:	YOUR TITLE:				
FROM:	ADDRESS:	DUTIES:				
TO:	PHONE NUMBER:					
	SUPERVISOR'S NAME:	CONCRETE	MASONRY	STEEL	FIREPROOFING	OTHERS
TOTAL TIME:		%	%	%	%	%

DATES (Year/Month)	COMPANY:	YOUR TITLE:				
FROM:	ADDRESS:	DUTIES:				
TO:	PHONE NUMBER:					
	SUPERVISOR'S NAME:	CONCRETE	MASONRY	STEEL	FIREPROOFING	OTHERS
TOTAL TIME:		%	%	%	%	%

Add additional sheets as necessary.

