



Sam Shahrouri  
Deputy Director of TLMA  
Building Official

**COUNTY OF RIVERSIDE**  
TRANSPORTATION AND LAND MANAGEMENT AGENCY  
**DEPARTMENT OF BUILDING AND SAFETY**

**SPECIAL INSPECTOR QUALIFICATION APPLICATION**

Name:		Phone No.	
Address:		Email Address:	
City & Zip:			
Applicant's Employer:		Phone No.	
Address:		Email Address:	
City & Zip:			
Certifications/Registrations		Registration No.	Expiration Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
<b>PLEASE ATTACH</b> Photocopies of the Wallet Cards (front and back) with Expiration Dates			

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Concrete                 | <input type="checkbox"/> Gypsum Concrete                    | <input type="checkbox"/> Concrete Moment Frame  |
| <input type="checkbox"/> Insulating Concrete Fill | <input type="checkbox"/> Reinforcing and Prestressing Steel | <input type="checkbox"/> Spray Applied Proofing |
| <input type="checkbox"/> Welding                  | <input type="checkbox"/> Piling, Piers and Caissons         | <input type="checkbox"/> High Strength Bolting  |
| <input type="checkbox"/> Grading, Excavating      | <input type="checkbox"/> Structural Masonry                 | <input type="checkbox"/> Other _____            |

I certify that all statements on this form and on any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the information on this form and attachments may be considered grounds for immediate disqualification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Date

**EMAIL THIS APPLICATION, ALONG WITH COPIES OF WALLET CARD(S) (front and back) TO:**

**[CAKING@RIVCO.ORG](mailto:CAKING@RIVCO.ORG)**

**OR MAIL TO:  
DIRECTOR OF BUILDING AND SAFETY, P.O. BOX 1130,  
RIVERSIDE, CA 92501-1130**

Form 284-143 (Rev. 04/2024)