



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.			
PLEASE ATTACH Photocopies of the Wallet Cards with Expiration Dates of Your Qualifying Registrations and Certificates, Including Your Driver's License.			

- | | | |
|---|---|---|
| <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

Date

MAIL THIS APPLICATION, COPY OF CALIFORNIA DRIVERS LICENSE, AND WALLET CARD COPIES TO:

**DIRECTOR OF BUILDING AND SAFETY, P.O. BOX 1440,
RIVERSIDE, CA 92502-1440**

Form 284-143 (Rev. 02/2023)