**Shape

Description automatically generated with medium confidence**

Special Inspector Registration Form

Please Email completed form with a copy of certifications to the special inspector registration inbox to complete the registration process: [SIRegistration@ontarioca.gov](mailto:SIRegistration@ontarioca.gov)

**A City of Ontario Business License is mandatory, registration will not be approved if a valid business license is not provided.**

**Job Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permit Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_**

**Inspectors Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_**

**Inspectors Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Discipline** | **L.A. County** | **L.A. City** | **ICC** | **Other** |
| Concrete |  |  |  |  |
| Moment Resisting Frame |  |  |  |  |
| Welding |  |  |  |  |
| High Strength Bolting |  |  |  |  |
| Structural Masonry |  |  |  |  |
| Reinforced Gypsum Concrete |  |  |  |  |
| Insulating Concrete Fill |  |  |  |  |
| Sprayed on Fireproofing |  |  |  |  |
| Pilings, Drilled Piers, Caissons |  |  |  |  |
| Reinforcing and Pre-stressing Steel |  |  |  |  |
| Special Cases |  |  |  |  |

**I hereby certify that I am qualified by training and experience to perform the inspections for which I hold the above listed Special Inspectors licenses and will provide all certifications required by the City.**

I will inspect and certify the following procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I will certify not only to the job conditions, but that they are in conformance with the approved plans. If at any time, progress occurs on the above-mentioned job relating to my area(s) of responsibility, without my knowledge or approval, I will stop the job’s progress immediately with notification in writing to the job superintendent and notify the Building Division of the situation. A record of my tests and/or inspections as agreed to above will be available upon request by the Building Division. Upon request, I will submit a complete package of testing and inspection results. A letter certifying satisfactory completion will be provided by me upon completion.

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Special Inspector Signature Date