



CITY OF TUSTIN SPECIAL INSPECTOR REGISTRATION

INSPECTOR'S NAME: _____
 ADDRESS: _____
 PHONE: _____

LABORATORY NAME: _____
 ADDRESS: _____
 PHONE: _____

TUSTIN BUSINESS LICENSE #: _____

<u>Discipline</u>	<u>Expiration Date</u>	<u>LA City Expiration Date</u>
Pre-stressed Concrete	_____	_____
Reinforced Concrete	_____	_____
Structural Steel/Bolting	_____	_____
Welding	_____	_____
Structural Masonry	_____	_____
Spray Applied Fireproofing	_____	_____
ACI Field Testing	_____	_____

I hereby certify that I am qualified by training and experience to perform the inspections for which I hold the above listed Special Inspector Licenses.

I will certify the job conditions and their conformance with the approved plans. A record of my tests and/or inspections will be provided in writing to the Building Division as the test/inspections occur. I will submit a complete package of testing and inspection results along with a letter certifying satisfactory completion to the Building Division at the completion of my involvement with a project.

A copy of my City of Tustin registration will be provided on the jobsite for Building Inspector verification.

 Special Inspector Signature

 Date

 City of Tustin Registration Number

 Expiration Date

 Building Division Signature

 Date