



**COUNTY OF LOS ANGELES • PUBLIC WORKS  
BUILDING AND SAFETY DIVISION**

Attn: Special Inspector Testing Program  
900 South Fremont Avenue, 3rd Floor  
Alhambra, CA 91803

**APPLICATION FOR REGISTRATION AS A SPECIAL INSPECTOR**

Reinforced Concrete (C), Prestressed Concrete (P), Structural Masonry (M), and  
Welding & High Strength Bolting (W)

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Driver's License #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**DISCIPLINE APPLYING FOR:** ☐ C ☐ P ☐ M ☐ W ☐ Other \_\_\_\_\_  
(Check one box only)

**EDUCATION:** High School Graduate or Equivalent? ☐ YES ☐ NO If no, number of years completed \_\_\_\_\_

Show courses which you have completed that are required and others directly related to the certification for which you are applying

NAME & LOCATION OF SCHOOL	DATES ATTENDED	FIELD OF STUDY	DEGREE OR CERTIFICATE
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		
	From:		
	To:		

**EXPERIENCE:** Including any periods of self-employment, list all employment for the last 10 years beginning with the most recent.

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PRESENT EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PRESENT EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

DATES		EMPLOYER	DUTIES
MONTH & YEAR		NAME OF PREVIOUS EMPLOYER	JOB TITLE:
FROM	TO		DUTIES:
		ADDRESS:	
TOTAL			
YEARS	MONTHS		
		EMPLOYER'S PHONE #	

**REFERENCES:** Applications will be returned as incomplete without all three (3) letters of reference.

NAME	TITLE	COMPANY	MAILING ADDRESS

*I hereby certify that all the information provided on this application is true and correct to the best of my knowledge. I understand that false or misleading information shall provide sufficient cause for disqualification.*

\_\_\_\_\_  
Applicant's Full Signature

**APPLICATIONS THAT ARE NOT PROPERLY FILLED OUT OR ARE INCOMPLETE WILL BE RETURNED TO THE APPLICANT ALONG WITH THE APPLICATION FEE.**