



SPECIAL INSPECTOR REGISTRATION

316 N. 26th St. 5th Floor

Billings MT 59101

PH: 406.657.8277

specialinspections@billingsmt.gov

Name: Last, First, MI

City Business License

Phone Number

Address

E-mail

Agency Name & Address

Agency Contact, Title, Phone Number

Contact E-mail

Inspection Categories

Check all for which you qualify and wish to register for

- | | |
|--|--|
| <input type="checkbox"/> Soils | <input type="checkbox"/> Wood Construction |
| <input type="checkbox"/> Prestressed / Precast Concrete Construction | <input type="checkbox"/> Exterior Insulation and Finish Systems (EIFS) |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Firestop Systems |
| <input type="checkbox"/> Nondestructive Testing (NDT) | <input type="checkbox"/> Smoke Control Systems |
| <input type="checkbox"/> Pier and Pile Foundations | <input type="checkbox"/> Excavation—Sheeting, Shoring, and Bracing |
| <input type="checkbox"/> Post-Installed Structural Anchors in Concrete | <input type="checkbox"/> High-Pressure Steam Piping (Welding) |
| <input type="checkbox"/> Spray-applied Fire-resistant Materials and Coatings | <input type="checkbox"/> Structural Safety—Stability and Mechanical Demolition |
| <input type="checkbox"/> Steel (High-Strength Bolting) | <input type="checkbox"/> Structural Cold Formed Steel |
| <input type="checkbox"/> Steel (Welding) | <input type="checkbox"/> Other (list) _____ |
| <input type="checkbox"/> Masonry Construction | <input type="checkbox"/> Other (list) _____ |

Certification

include a copy of each certificate with this application

Certifying or Accreditation Agency

Certification Title

Expiration Date

Education

additional relevant education may be included on a separate sheet

School Name and Address

Dates Attended: Start (mo/yr) - End (mo/yr)

Course of Study

Degree

Professional Designation

School Name and Address

Dates Attended: Start (mo/yr) - End (mo/yr)

Course of Study

Degree

Professional Designation

Relevant Experience

Employer Name and Address

Employer Phone

Job Title

Duration: Start (mo/yr) - End (mo/yr)

Job Description & Duties:

Employer Name and Address

Employer Phone

Job Title

Duration: Start (mo/yr) - End (mo/yr)

Job Description & Duties:

Employer Name and Address

Employer Phone

Job Title

Duration: Start (mo/yr) - End (mo/yr)

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Employer Phone

Job Title

Duration: Start (mo/yr) - End (mo/yr)

Job Description & Duties: