



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)

Job Description & Duties:

Employer Name and Address

Employer Phone

Job Title

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

Job Description & Duties: