



Colorado Department of Public Safety
Division of Fire Prevention and Control
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 Lakewood, CO 80215
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INDIVIDUAL APPLICANT INFORMATION FOR PREQUALIFIED BUILDING DEPARTMENTS

(PLEASE COMPLETE THIS FORM FOR EACH APPLICANT LISTED ON PAGE 1 OF THE LOCAL JURISDICTION APPLICATION)

APPLICANT NAME:			
EMPLOYER NAME:			
MAILING ADDRESS:			
CITY:		STATE:	
TELEPHONE NUMBER:		FAX NUMBER:	
E-MAIL:			
CERTIFICATIONS REQUESTED (CHECK ALL THAT APPLY)			
PLAN EXAMINER <input type="checkbox"/>		BUILDING INSPECTOR <input type="checkbox"/>	
CERTIFICATION INFORMATION			
IF YOU ARE CERTIFIED BY THE INTERNATIONAL CODE COUNCIL (ICC), ENTER THE INFORMATION REQUESTED.			
COMMERCIAL INSPECTOR CERTIFICATION CATEGORIES		CERTIFICATION NUMBER	DATE OBTAINED
COMMERCIAL BUILDING INSPECTOR / BUILDING INSPECTOR			
COMMERCIAL MECHANICAL INSPECTOR			
COMMERCIAL COMBINATION INSPECTOR			
GENERAL PLANS EXAMINER CERTIFICATION CATEGORIES (APPLIES ONLY FOR LOCAL JURISDICTION APPLICANTS)		CERTIFICATION NUMBER	DATE OBTAINED
BUILDING PLANS EXAMINER			
MECHANICAL PLANS EXAMINER			
COMBINATION PLANS EXAMINER			
SPECIFY OTHER CERTIFICATION CATEGORIES ,INCLUDING OTHER STATE OR NATIONAL ORGANIZATIONS		CREDENTIAL TYPE	CERTIFICATION NUMBER
EDUCATION AND TRAINING			
<p>IN LIEU OF APPROPRIATE ICC CERTIFICATION OR OTHER NATIONAL ORGANIZATION CREDENTIALS OR CERTIFICATIONS, EDUCATION AND EXPERIENCE MAY BE EVALUATED TO MEET CERTIFICATION REQUIREMENTS. APPLICANTS SHALL HAVE AT LEAST FIVE YEARS OF DEMONSTRATED EDUCATION, TRAINING, AND EXPERIENCE IN BUILDING PLAN REVIEW OR INSPECTIONS. INSPECTOR CERTIFICATIONS ISSUED ON THE BASIS OF EDUCATION AND EXPERIENCE WILL BE VALID FOR ONE YEAR, AND WILL REQUIRE THE APPLICANT TO OBTAIN NATIONAL CERTIFICATION PRIOR TO DFS RENEWAL OF THE CERTIFICATION.</p>			
CHECK ALL BOXES BELOW THAT APPLY.			
<input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> DEGREE AWARDED- SPECIFY			
<input type="checkbox"/> EXPERIENCE IN BUILDING CONSTRUCTION, WHICH REQUIRED THE ABILITY TO EFFECTIVELY READ AND INTERPRET BUILDING PLANS AND SPECIFICATIONS.			
<input type="checkbox"/> EXPERIENCE AS A BUILDING PLANS EXAMINER REVIEWING PLANS FOR CODE COMPLIANCE.			
<input type="checkbox"/> EXPERIENCE AS AN INSPECTOR OF BUILDING CONSTRUCTION.			
<input type="checkbox"/> REGISTERED ARCHITECT OR PROFESSIONAL ENGINEER. FIELD OF SPECIALTY:			
REGISTRATION TYPE:		REGISTRATION NUMBER:	
ISSUED BY STATE OF:		EXPIRATION DATE:	

EMPLOYMENT HISTORY AND EXPERIENCE

LIST YOUR EXPERIENCE BEGINNING WITH YOUR PRESENT POSITION. DESCRIBE YOUR DUTIES AND EXPERIENCE RELATED TO BUILDING CONSTRUCTION PROJECTS, LIST AREAS OF EXPERTISE RELATED TO OCCUPANCY TYPES, ETC. LIST AT LEAST FIVE YEARS OF BUILDING CONSTRUCTION EXPERIENCE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

EMPLOYER NAME:			
Address:		CITY	Zip
Phone		EMAIL	
PERIOD OF EMPLOYMENT: FROM		TO	
HOURS WORKED PER WEEK:			
POSITION/TITLE			
DESCRIBE WORK PERFORMED:			

EMPLOYER NAME:			
Address:		CITY	Zip
Phone		EMAIL	
PERIOD OF EMPLOYMENT: FROM		TO	
HOURS WORKED PER WEEK:			
POSITION/TITLE			
DESCRIBE WORK PERFORMED:			

EMPLOYER NAME:			
Address:		CITY	Zip
Phone		EMAIL	
PERIOD OF EMPLOYMENT: FROM		TO	
HOURS WORKED PER WEEK:			
POSITION/TITLE			
DESCRIBE WORK PERFORMED:			

I CERTIFY ALL STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE REGULATIONS ADOPTED BY THE DIVISION OF FIRE PREVENTION AND CONTROL(8 CCR 1507-30).

I AUTHORIZE THE DIVISION OF FIRE PREVENTION AND CONTROL TO POST MY CERTIFICATION ON THE DIVISION'S WEBSITE.

APPLICANT SIGNATURE:	
DATE SIGNED	

ARE CONTINUING EDUCATION CREDITS REQUIRED TO MAINTAIN REGISTRATION?: YES OR NO