

		<h2 style="margin: 0;">APPLICATION FOR SPECIAL INSPECTOR CERTIFICATION</h2> <p style="margin: 0;">Fee: to include Application Fee; Special Inspector Certification fee and Unlicensed Activity fee. Refer to Rule 61G15-24.001, Schedule of Fees (Checks Should be Made Payable to FBPE)</p>			2400 Mahan Drive Tallahassee, FL 32308	
NAME		Last:	First:	Middle:		
MAILING ADDRESS		Number and Street:			Apt/Lot No.:	
		City:	State:	Zip Code:	County:	
HOME TELEPHONE NUMBER:		BUSINESS TELEPHONE NUMBER:			FLORIDA PROFESSIONAL ENGINEER NUMBER:	
EMAIL ADDRESS: *Do you wish to receive correspondence via email? Yes No All email addresses are public records pursuant to F.S. Chapter 119.011(12).			*SOCIAL SECURITY NO.: *Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 455.213(1), 409.2577, and 409.2598, Florida Statutes.			

QUALIFICATION SECTION OF SPECIAL INSPECTOR APPLICATION

Please use a separate form for each project

Please complete the form below. **Use one form for Field Inspection experience and one form for Structural Design experience.** Structural Design experience is only recognized for projects where the designs are all components of complete **threshold buildings and shall not be limited to specific structural components only, such as foundations, prestressed or post-tensioned concrete, etc.** List the type of project and the occupancy. Identify features that qualify the design as a threshold-type building or the scope of the inspection, the number of **months** of experience claimed for this project, and the name and license number of the structural engineer of record for this project. List the experience chronologically, starting with the earliest.

The Structural Engineer of Record, hereinafter referred to as "Verifier" [in the event if the applicant is the Structural Engineer of Record, then his supervisor or colleague could be the verifier] must verify each work experience. Each form must be signed and sealed by the Verifier. The original form must be sent to the Verifier and a copy sent to FBPE with your application. Verifications shall be sent to FBPE directly by the Verifier. SELF VERIFICATION IS NOT PERMITTED.

Submitted for: Structural Design Experience: # _____

1. Project identification and location (street address, city, and state)			
2. Occupancy type(s).			
3. Identify features that will qualify the design as being a threshold type building. (See definition contained in the General Information included with this application.)	Total Area: _____ SF		
	No. of stories: _____		
	Height: _____ ft		
	Assembly area: _____ (SF) if applicable		
	Occupant content: _____ (Persons) if app.		
4. Description of structural systems designed by applicant.			
5. Was the structural inspection plan part of the permit package?	Yes	No	
6. Number of months experience claimed for this project.	Start Mo/Year	End Mo/Year	Total Months
7. Name, license number, and state of issuance of Verifier (Please note: this should be someone other than the applicant)			

I am a professional engineer currently licensed in the State of Florida and my principal practice is in structural engineering or structural field inspections. I hereby certify that the above statements are true and correct and that I have the technical competency to perform structural inspection on threshold type buildings as required by Section 553.79(5)(a), Florida Statutes.

- I was the Structural Engineer of record for this project and have verified the above statements are true and correct.
- I was the supervisor/colleague of the applicant and have direct knowledge of the applicant's involvement in the project and have verified the above statements are true and correct.

Applicant Signature, PE Number, date, and seal here

Verifying Engineer' Signature, PE Number, date, and seal here

QUALIFICATION SECTION OF SPECIAL INSPECTOR APPLICATION

Please use a separate form for each project

Please complete the form below. **Use one form for Field Inspection experience and one form for Structural Design experience.** Field inspection experience is only recognized for projects where the field inspections are of complete **threshold buildings and shall not be limited to specific structural components only, such as foundations, prestressed or post-tensioned concrete, etc.** List the type of project and the occupancy. Identify features that qualify the design as a threshold-type building, the scope of the inspection, the number of **months** of experience claimed for this project, and the name and license number of the special inspector of record for this project. List the experience chronologically, starting with the earliest.

The Special Inspector of Threshold Buildings for the project listed below, hereinafter referred to as "Verifier" must verify the work experience listed on this page. Each form must be signed and sealed by the Verifier. The original form must be sent to the Verifier and a copy sent to FBPE with your application. Verifications shall be sent to FBPE directly by the Verifier. **SELF-VERIFICATION IS NOT PERMITTED.**

Submitted for: Field Inspection Experience # _____

1. Project identification (street address, city, and state)			
2. Occupancy type(s).			
3. Identify features that will qualify the design as being a threshold type building. (See definition contained in the General Information included with this application.)	Total Area: _____ SF		
	No. of stories: _____		
	Height: _____ ft		
	Assembly area: _____ (SF) if applicable		
	Occupant content: _____ (Persons) if app.		
4. Scope of field inspection or description of structural systems designed by applicant.			
5. Was the inspection performed pursuant to the permitted structural inspection plan?	Yes	No	
6. Number of months experience claimed for this project.	Start Month/Year	End Month/Year	Total Months
7. Name, license number and state of issuance of Special Inspector of Threshold Buildings for the project.			

I am a professional engineer currently licensed in the State of Florida and my principal practice is in structural engineering or structural field inspections. I hereby certify that the above statements are true and correct and that I have the technical competency to perform structural inspection on threshold type buildings as required by Section 553.79(5)(a), Florida Statutes.

I was the special inspector of Threshold Buildings for this project and have verified the above statements are true and correct.

Applicant Signature, PE Number, date, and seal here

Verifier Signature, PE Number, SI Number, date, and seal here

FLORIDA BOARD OF PROFESSIONAL ENGINEERS

ATTENTION: Special Inspector Application Desk

2400 Mahan Drive

TALLAHASSEE, FLORIDA 32308

(850) 521-0500

LETTER OF RECOMMENDATION FOR SPECIAL INSPECTOR CERTIFICATION

Name of Applicant PE #

Name of Person Completing Form PE #

SI # _____

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

Telephone No.

Indicate date form was forwarded to reference: _____

I am submitting an application for certification as a Special Inspector. I am listing your name for a Letter of Recommendation. Would you please complete this form and mail it to the Board of Professional Engineers.

1. I have known applicant from _____ to _____.
2. During this time, I know that this applicant has worked as a structural engineer or performed structural field inspections and has gained experience in the area of inspection of Threshold Buildings.
3. Please comment on the applicant's engineering work as it relates to threshold type buildings.

A. Experience: _____

B. Ability: _____

C. Competency: _____

(SEAL)

Signature

Date Signed