

NEW YORK STATE BUILDING OFFICIALS CONFERENCE, INC.

Certification Application

(Type or print all information. Use extra sheets listing the areas to which the additional information applies.)

Name: _____

Business Address:

Street _____ City _____ State ____ Zip _____

Phone _____ Fax _____

Email address _____

Place and date of birth _____ Are you a citizen? Yes [] No []

Are you presently employed by a municipal building or code enforcement agency within

New York State? Yes [] No [] Municipality's Name: _____

Are you an Active Member of NYSBOC? Yes [] No [] No. of years a member _____

What is the Chapter's name? _____

What other building official organizations are you a member of: _____

Certification Status:

Are you currently certified by NYSBOC? Yes [] No [] If Yes see (a); If No see (b). (a) What level are you certified to: _____

b. What level certification are you seeking: Indicate by checking below.

Certified Code Inspector ____ Certified Code Administrator ____

Certified Professional Code Administrator ____

Have you completed the NYS basic training offered by NYS DOS Codes Division? Yes [] No []

ID # _____ Date _____ (Attach copy of NYS Certificate.)

Verification:

You may have a person who will be able to give further information for verification. If so, have them prepare and submit a letter detailing the type of work, supervisory capacities and other relevant details.

Education:

High School _____ from ____ to _____

Graduated - Yes [] No [] GED []

College _____ from ____ to _____

Course of study _____ Degree and date received _____

Post graduate courses _____

School _____ from ____ to _____

Graduated - Yes [] No [] Date _____ Degree ____

Other Higher Education?

Courses taken _____

College _____ from ____ to _____

Dates: From _____ to _____

Other sources of learning: _____

Explain employment. List titles held, inclusive dates and duties of positions held for all experience areas. Copies of Civil Service job descriptions should be included when those titles are used. Use additional sheets as needed.

Government Experience:

Municipality employed by:

_____ Department: _____

Employed from _____ to _____

Present title: _____ Years in this position _____

Number of persons supervised by you. _____

Duties of your present position: _____

Title of previous position: _____

Number of persons supervised by you _____

Number of years in the position: _____

Duties: _____

Do you have Civil Service status in any of the listed positions? Yes [] No []

List titles and grades for all civil service tests taken. _____

Other Qualifications:

Professional License(s) held: _____ Issued By: _____ Dated _____

List any additional qualifications that would be important in determining your degree of competency,

Include; offices in job-related organizations, speaking engagements or articles written.

Construction or Other Experience:

List all other experience starting with the most recent. Include time worked as a supervisor or foreperson.

Be sure to note if you were the owner or other person in charge of; the construction of buildings, highways or other engineering projects. **Include duties and duration of the projects.**

Employer: _____ Name of Supervisor _____

Address: _____ From _____ To _____

Employed as: _____ Duties: _____

Employer: _____ Name of Supervisor: _____

Address: _____ From _____ To _____

Employed as: _____

Employer: _____ Name of Supervisor: _____

Address: _____ From _____ To _____

Employed as: _____ Duties: _____

Use additional sheets for other employers or to provide more information relating to the above sections.

I hereby submit my application for certification in the following category:_____

The information supplied on this form is true to the best of my knowledge. I have taken care to provide all pertinent information that will enable the Committee to make a fair evaluation of my background.

Signed: _____ Dated: _____

Residing at: _____