



## Qualification & Certification Application

### Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

### Applying For

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> BCQO Level 1 | <input type="checkbox"/> NBCBO Level 1 |
| <input type="checkbox"/> BCQO Level 2 | <input type="checkbox"/> NBCBO Level 2 |
| <input type="checkbox"/> BCQO Level 3 | <input type="checkbox"/> NBCBO Level 3 |

*Please return completed application form to :*  
New Brunswick Building Officials Association (NBBOA)  
Certification Committee Chair  
P.O. Box 3193  
Station B  
Fredericton, NB E3A 5G9

## Course Verification

Course <i>(Please fill in first column information):</i>	Date Completed	Confirmed by Prov. Assoc.
<b>Level 1</b>		
<input type="checkbox"/> Legal Processes & Responsibilities		
<input type="checkbox"/> Communication Skills		
<input type="checkbox"/> The House – Building Envelope		
<input type="checkbox"/> The House – Health & Safety		
<b>Level 2</b>		
<input type="checkbox"/> Part 9 HVAC & Fire Protection		
<input type="checkbox"/> Part 9 Structural Requirements		
<input type="checkbox"/> Part 9 Plans Examination		
<input type="checkbox"/> Barrier Free Design		
<b>Level 3</b>		
<input type="checkbox"/> Part 3 Life Safety Systems		
<input type="checkbox"/> Part 3 Plans Examination Strategies		
<input type="checkbox"/> Part 3 Health & Safety Requirements		
<input type="checkbox"/> Part 3 Egress & Exits & Fire Safety Provisions		
<input type="checkbox"/> Part 3 Building Classification Fire Safety Provisions		

## Miscellaneous Information

*(Please fill in first column)*

	Yes	No
Are you a Member in good standing with the Association?		
Have you successfully completed Grade 12?		
If yes, where and the date completed.		
Current Certification held by You?		

## Work Experience Verification Form

(Please refer to the NBBOA Qualification Requirements to Determine What Applies to You Below)

### General Experience as a Building Official

How many years have you been appointed to enforce building codes?

### Level 1 – Inspections and/or Plan Reviews

How many years have you been performing inspections and/or plan reviews on up to two family dwellings?

How many Part 9 “Housing” Inspections and /or Plan Reviews have you performed?

### Level 2 – Inspections and/or Plan Reviews

How many years have you been performing Part 9 Inspections and/or Plan Reviews (not including housing)?

How many Part 9 Inspections and/or Plan Reviews (not including housing) have you performed?

### Level 3 – Inspections and/or Plan Reviews

(Note: Level 3 /Certification is subject to the NBBOA Internship Program)

How many years have you been performing Part 3 Inspections and/or Plan Reviews?

How many Part 3 Inspections and/or Plan Reviews have you performed?

### Employer Verification

*(for work experience performed as indicated)*

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

As the Applicant’s supervisor, I hereby confirm that he/she has performed inspections and/or plan reviews as indicated.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date Signed

## Applicant

I agree by signing this application that the above information is accurate and in doing so authorize the NBBOA to access any information, at any time, respecting my studies program, membership status, or other pertinent information contained in my membership file with the NBBOA.

Signature:

Date:

## For Office Use Only

Approved by Certification Committee:

Chair:

Signature:

Date: