



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 0033
Prospect Plaza
Fredericton, NB E3B 0H8

Course Verification

Exam or course

(Please circle which one is applicable and provide proof of certificates when applying)

2016/2017 exams

2011-2015 Course Equivalent

Date Completed

Exam or course		
<i>(Please circle which one is applicable and provide proof of certificates when applying)</i>		
2016/2017 exams	2011-2015 Course Equivalent	Date Completed
Level 1		
<input type="checkbox"/> Legal Processes & Responsibilities	Legal Processes and Responsibilities	
<input type="checkbox"/> Communication Skills for Building Officials	Communication Skills	
<input type="checkbox"/> Level I – Building Envelope	The House - Building Envelope	
<input type="checkbox"/> Level I – Health & Safety	The House - Health and Safety	
Level 2		
<input type="checkbox"/> Level II HVAC & Fire	Part 9 HVAC and Fire Protection	
<input type="checkbox"/> Level II Structural	Part 9 Structural Requirements	
<input type="checkbox"/> Part 9 Plans Examination	Part 9 Plans Examination	
<input type="checkbox"/> Barrier Free Design	Barrier Free Design	
Level 3		
<input type="checkbox"/> Level III Classification and Construction	Part 3 Building Classification Fire Safety Provisions	
<input type="checkbox"/> Level III Health and Safety	Part 3 Health and Safety Requirements	
<input type="checkbox"/> Level III Life Safety Systems	Part 3 Egress and Exits and Fire Safety Provisions	
<input type="checkbox"/> Level III Fire Protection	Part 3 Life Safety Systems	
<input type="checkbox"/> Level III Plans Examination	Part 3 Plans Examination Systems	

Miscellaneous Information

	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 and date received?		

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?
What is the date of your appointment?

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 a log book submission)

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: