



## BOABC CERTIFICATION APPLICATION FORM

A Regular and/or Associate One (1) Member is eligible to apply for Certification after successfully passing the respective Building Officials' Association of British Columbia (BOABC) Examinations and completing the required work experience while employed by a City, Municipality, Regional District or other acceptable form of Local, Provincial or Territorial Government. Please refer to the BOABC Certification Application Policy 1.3 at [www.boabc.org](http://www.boabc.org).

1. A Certification applicant must complete this Certification Application Form, by requesting a level of Certification (see below); and the Applicants' Supervisor must verify that the information provided is accurate by completing the information and signing page 2.
2. Forward the completed Certification Application to the BOABC Head office. The Application will be considered by the Executive Committee by Motion at a BOABC Executive Committee meeting and the decision will be recorded in the Minutes of the BOABC Executive Committee Meeting.
3. Upon approval by the Executive Committee, the BOABC Office will issue a Certificate to the Certification Applicant, stating the level of Certification approved by the BOABC.

Name of applicant:	_____
Address:	_____
Email:	_____
Employer:	_____
Employer Address:	_____
_____	_____
Applicant Signature	Date

### WORK EXPERIENCE VERIFICATION

- [a] For **Level One (1) Certification** for Regular and Associate One (1) Members, the applicant must have a work experience requirement of Two (2) years, deemed to consist of 24 months of work within a 36 month period.  YES  NO
  
- [b] And/or **Level Two (2) Certification** for Regular and Associate One (1) Members, the applicant must have a work experience requirement of Three (3) years, deemed to consist of 36 months of work within a 54 month period.  YES  NO
  
- [c] And/or **Level Three (3) Certification** for Regular and Associate One (1) Members, the applicant must have a work experience requirement of Four (4) years, deemed to consist of 48 months of work within a 72 month period.  YES  NO

### SUPERVISOR VERIFICATION

I \_\_\_\_\_ hereby confirm that \_\_\_\_\_ has completed the above mentioned work experience in the capacity of a Building Inspector, Plans Examiner or other (explain).

Name of Applicant:	_____
Supervisor Name:	_____
Supervisor Title:	_____
Telephone:	_____
Email:	_____
_____	_____
Supervisor Signature	Date

PLEASE FORWARD THE COMPLETED APPLICATION TO THE BOABC HEAD OFFICE  
#205 - 3740 CHATHAM STREET, RICHMOND, BC V7E 2Z3  
EMAIL: jennifer@boabc.org  
FAX: 604-270-9488