



BOABC WORK EXPERIENCE VERIFICATION 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.

- [a] For **Level One (1) Building Certification**, Regular and Associate One (1) Members must have at least two (2) years of experience working as a building official for a local authority in the three (3) years immediately preceding the date of their certification application. YES
- [b] For **Level Two (2) Building Certification**, Regular and Associate One (1) Members must have at least three (3) years of experience working as a building official for a local authority in the five (5) years immediately preceding the date of their certification application. YES
- [c] For **Level Three (3) Building Certification**, Regular and Associate One (1) Members must have at least four (4) years of experience working as a building official for a local authority in the six (6) years immediately preceding the date of their certification application. YES
- [d] For **Level One (1) Plumbing Certification**, Regular and Associate One (1) Members must have at least two (2) years of experience working as a plumbing official for a local authority in the three (3) years immediately preceding the date of their certification application. YES
- [e] For **Level Two (2) Plumbing Certification**, Regular and Associate One (1) Members must have at least four (4) years of experience working as a plumbing official for a local authority in the six (6) years immediately preceding the date of their certification application. YES

SUPERVISOR VERIFICATION

I _____ hereby confirm that _____ has completed the above mentioned work experience in the capacity of a building or plumbing official.

Name of Applicant: _____

Supervisor Name: _____

Supervisor Title: _____

Telephone: _____

Email: _____

Supervisor Signature

Date