



Department of Community Affairs  
 Division of Codes and Standards  
 Licensing Unit  
 P.O. Box 802  
 Trenton, NJ 08625-0816

Form TL-4S  
For Office Use ONLY  
 Date Rec'd: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Amount: \_\_\_\_\_  
 LOG #: \_\_\_\_\_

**SPECIAL INSPECTOR CERTIFICATION APPLICATION**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
                                 Last                                First                                MI  Month/Day/Year

**Social Security Number:** \_\_\_\_\_ \*\*\*\*

**Home Address** \_\_\_\_\_  
   Street

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

Submit this page completed on both sides, accompanied by all attached completed (as applicable) forms, and a check or money order made payable to the Treasurer, State Of New Jersey. Please refer to the most current issue of the Special Inspector Bulletin for the correct non-refundable fee.

On the appropriate Forms, please claim your relevant job experience and/or applicable licenses held which you believe qualifies you for the certification which you are applying and document said experience in accord with the Special Inspector handout.

**SPECIAL INSPECTOR CERTIFICATION REQUESTED**

- EXTERIOR INSULATION FINISH SYSTEM (     ) STRUCTURAL WELDING (     )
- CONCRETE PLACEMENT (     ) STRUCTURAL STEEL & BOLTING (     )
- REINFORCED CONCRETE (     ) STRUCTURAL MASONRY (     )
- PRESTRESSED CONCRETE (     ) SPRAY-APPLIED FIREPROOFING (     )
- MASS TIMBER (     ) SOILS (     )

(OVER)

1. Have you ever been convicted of a crime of the third degree or above under the laws of the State of New Jersey, or under the laws of another state or of the United States, which if committed in this State would be such an offense or crime?

[ ] NO.

[ ] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

2. Have you, within the past 10 years, been convicted or fined or imprisoned, or placed on probation, or has any case been filed, or have you been ordered to deposit collateral for an alleged violation of any law or police regulation or ordinance, other than for traffic violations?

[ ] NO.

[ ] YES. If yes, please describe the circumstances in detail on a separate page. Be sure to include the exact charge, the date of the crime and any information relating to rehabilitation.

3. Have you ever been discharged, or forced to resign, for misconduct or unsatisfactory service from any position, or have you had any license, other than a driver's license, revoked or suspended?

[ ] NO.

[ ] YES. If yes, please describe circumstances on a separate attached page.

To the best of my knowledge the information contained in this application is complete and accurate. I am aware that if an investigation discloses willful misrepresentations, my application will be rejected. I also hereby authorize the release of any criminal history record information to the NJ Department of Community Affairs, Division of Codes and Standards, Licensing Unit for the sole purpose of determining my eligibility for licensure.

\*\*\*\*PURSUANT TO THE PRIVACY ACT OF 1974 (P.L. 93-579), I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER IS **VOLUNTARY**. I ALSO REALIZE MY SOCIAL SECURITY NUMBER WILL BE USED BY THE NJ DEPARTMENT OF COMMUNITY AFFAIRS FOR THE PURPOSE OF FACILITATING THE SECURITY CHECK AUTHORIZED BY N.J.A.C. 5:23-5.5 & 5.25. ANY INFORMATION RELEASED AS A RESULT OF THIS AUTHORIZATION, INCLUDING THE FURNISHING OF MY SOCIAL SECURITY NUMBER, SHALL BE USED ONLY FOR THE EXPRESS PURPOSE OF PROCESSING THE ABOVE INDICATED APPLICATION.\*\*\*\*

Please note your personal information may be distributed, unless you object, to entities' that have a valid need for this information, such as Local Municipalities and 3rd party Inspection firms that are in need of inspectors, as well other official entities that have a valid need to know this information, including Educational Facilities in need of approved instructors.

If you would prefer to keep your personal information confidential please check this box [ ]

DATE \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Notary's Signature \_\_\_\_\_

DATE \_\_\_\_\_

Notary Seal:

**ALL STATEMENTS ARE SUBJECT TO INVESTIGATION AND VERIFICATION. FALSIFICATION OR MISSTATEMENT OF ANY MATERIAL FACT WILL BE CAUSE FOR REJECTION. FAILURE OF THE APPLICANT TO FURNISH ALL INFORMATION AND RECORDS REQUESTED MAY RESULT IN REJECTION OF THE APPLICATION.**

# Special Inspector Claim of Experience and Documentation of License and/or Degrees

1. **Please indicate how you have met the experience requirements for the certifications for which you have applied. Experience must be directly related to the Area in which you are seeking certification.**  
**All Experience must be listed on forms A or B and documented by notarized letters from your employers.**

2 years of experience with an Associate Degree  
 1 year of experience with a Bachelors Degree  
 NJ Professional Engineers License or Registered Architect  
 4 years of experience without any Degree's or licensure as a Professional Engineer/Architect

2. **Please list any degrees, including Associates Degrees, in Architecture or Engineering or in Engineering technology or Architecture Technology or another Degree significantly related to the area in which you are seeking certification. You must also enclose an official copy of your college transcripts, which indicate the information requested below. Any degree obtained outside of the United States must be formally evaluated by a Company Accredited by NACES, who can be contacted at [naces@ierf.org](mailto:naces@ierf.org)**

Degree \_\_\_\_\_ School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

3. **Please list your New Jersey Professional Engineers or Registered Architects license number and the Date you were originally licensed.**

Architects New Jersey License Number \_\_\_\_\_ Date Licensed \_\_\_\_\_

Engineers New Jersey License Number \_\_\_\_\_ Date Licensed \_\_\_\_\_

4. **Please check off the exams you have passed and date you have passed each exam, please provide copies of results or certifications**

Structural Welding or American Welding Society Certification	( )	Date Completed	_____
Structural Steel and Bolting	( )	Date Completed	_____
Concrete Placement or American Concrete Institute Certification	( )	Date Completed	_____
Reinforced Concrete or American Concrete Institute Certification	( )	Date Completed	_____
Prestressed Concrete or American Concrete Institute Certification	( )	Date Completed	_____
Structural Masonry	( )	Date Completed	_____
Spray-Applied Fire Proofing	( )	Date Completed	_____
Mass Timber	( )	Date Completed	_____
Soils	( )	Date Completed	_____
Date Certified in the EIFS Inspection Program or Certified by the Exterior Design Institute			_____

*NOTE: Applicants who are NJ licensed Professional Engineers or Registered Architects may be exempt from completing the above exams provided that they document at least 1 year of experience in the area in which they are seeking licensure, for Registered Architects this is only applicable for the EIFS certification*

5. **Uniform Construction Code License Number (if applicable to licensure)** \_\_\_\_\_