

SUMMARY OF MATERIALS INCORPORATED BY REFERENCE

815 KAR 7:070

The “Initial Application Form”, DHBC-BC/CP-1, is the 2-page form utilized by applicants to become certified building inspectors.

The “Renewal Form”, DHBC-BC/CP-2 is a one page form utilized by trainees and certified building inspectors to renew, reactivate, or reinstate their certification.

The “Trainee Enrollment Form”, DHBC-BC/CP-3 is a one page form utilized by applicants to enroll as trainees.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE

815 KAR 7:070

The “Initial Application Form”, DHBC-BC/CP-1 has been amended to require birthdate instead of birth month, require email addresses, clarify the requirement for submittal of examination results, and sufficiently capture information necessary to become a certified building inspector or trainee.

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
Division of Building Code Enforcement
500 MERO STREET
FRANKFORT, KENTUCKY 40601
Tel: 502-573-8200 Fax: 502-573-1598

Initial Application Form
KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM

1. Birth Date: _____ 2. Name: _____
Last First MI

3. Home Address: _____
Street, R.F.D., Box No. Etc. City State Zip Code

4. Inspection Office Address (if different from above):

Title, Dept., Division Street, R.F.D., Box No. etc.

City State Zip Code

5. Work Phone No.: (_____) _____ 6. Home Phone No.: (_____) _____

7. Email Address: _____

8. Are you employed/contracted as a building inspector by a local government? [] YES [] NO If NO, skip to Item 14.

9. Which category best describes your job responsibilities?

- ____ One & Two Family Dwelling Inspector _____ Building Inspector, Level I
____ Plans & Specifications Inspector, Level III _____ Building Inspector, Level II
____ Mechanical Inspector One & Two Family Dwellings _____ Mechanical Inspector, General
____ Mechanical Inspector and Plan Reviewer

10. Jurisdiction: City Only: _____ in _____

County Only: _____

Countywide: _____

Other Jurisdiction(s): _____

11. Are you the only building official for the above jurisdiction? [] YES [] NO

12. Certified Building Official – Identify certified individual responsible for local building inspection program:

Name: _____

Telephone Number: _____

13. Does your jurisdiction have an ordinance to enforce the One & Two Family Dwelling Code? [] YES [] NO

If you have more than one (1) jurisdiction, identify those who enforce this code: _____

14. Certification – Identify the level of certification you are applying for: NOTE: Minimum certification must correspond to job responsibilities identified in Item 8.

- _____ One & Two Family Dwelling Inspector
- _____ Plans & Specifications Inspector, Level III
- _____ Mechanical Inspector One & Two Family Dwellings
- _____ Mechanical Inspector and Plan Reviewer
- _____ Building Inspector, Level I
- _____ Building Inspector, Level II
- _____ Mechanical Inspector, General

15. Applicant **MUST** provide at least one (1) of the following credentials:

A. A copy of a high school or general education diploma and

- 1) Written proof of two (2) years’ experience in the building construction industry in a position that required the ability to effectively read and interpret construction documents; or
- 2) Written proof of two (2) years’ experience in an architect’s or engineer’s office performing building design or drafting duties;

B. A certified copy of a college or university transcript for an associate degree in design, building technology, or another building construction-related subject;

C. A certified copy of a college or university transcript for a bachelor’s degree in architecture, engineering, fire science, or building technology, or another building construction-related subject.

15. Attach copies of examination results for the level of certification being sought.

16. Fee: Initial Application \$50.00. Submit payment online or enclose a check or money order made payable to the Kentucky State Treasurer. Submit your application online or mail this application form with the check or money order to the Kentucky Certified Building Inspector Program, Department of Housing, Buildings and Construction, 500 Mero Street, Frankfort, Kentucky 40601-5412.

17. If you have not yet completed orientation training provided by or approved by the Department you must do so within twelve (12) months of receiving your certification.

18. By signing and submitting this form, the Candidate accepts and agrees to comply with all conditions of 815 KAR 7:070, the Kentucky Certified Building Inspector Program, and authorizes the Department to verify the candidate’s test scores with our authorized agent.

Signature

Date

Review this application carefully. Incomplete applications will be returned without being processed. Read the attached Instructions – they will help you to properly complete this application form.

Public Protect Cabinet
Department of Housing, Buildings and Construction
Division of Building Code Enforcement
500 Mero Street
Frankfort, Kentucky 40601
502-573-8200

Renewal Application Form
KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM
Please type or print. Submit application, continuing education certificates, and renewal fee.

NAME: _____
First Name Middle Initial Last Name

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL ADDRESS: _____

HOME PHONE #: (____) ____ - _____ WORK PHONE #: (____) ____ - _____ BIRTH DATE: _____

CERTIFICATION NUMBER: _____

Employment (if known): ___ Contract/Other ___ County Employed ___ City Employed

City/County Inspection Territory (List all that apply):

List cities and counties separately. Mark yes or no for single-family dwelling inspections. Please attach an additional sheet if you have additional jurisdictions.

City/County Name	Single-Family Inspection Required? Yes/No

For renewal applicants check if attached:

- All documentation required by 815 KAR 7:070
- Continuing education certificates (minimum of 12 hours)
- Renewal Fee (\$50) (checks or money orders should be made payable to the Kentucky State Treasurer)
- Late Fee (\$50) if renewal is not post marked by last day of applicant's birth month

Applicant's Signature: _____ Date: _____

Public Protect Cabinet
 Department of Housing, Buildings and Construction
 Division of Building Code Enforcement
 500 Mero Street
 Frankfort, Kentucky 40601
 502-573-8200

Trainee Enrollment Form KENTUCKY CERTIFIED BUILDING INSPECTOR PROGRAM

Please type or print. Submit application, required documentation, and fee.

NAME: _____
 First Name *Middle Initial* *Last Name*

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ E-MAIL ADDRESS: _____

HOME PHONE #: (____) ____ - _____ WORK PHONE #: (____) ____ - _____ BIRTH DATE: _____

Employment (if known): ___ Contract/Other ___ County Employed ___ City Employed

City/County Inspection Territory (List all that apply):

List cities and counties separately. Mark yes or no for single-family dwelling inspections. Please attach an additional sheet if you have additional jurisdictions.

City/County Name	Single-Family Inspection Required? Yes/No

Trainee Enrollment Checklist:

- Copy of high school diploma or general education diploma
- Application Fee (\$50) *(checks or money orders should be made payable to the Kentucky State Treasurer)*
- Proof of attending orientation training provided by or approved by the Department within twelve (12) months of enrollment *(can be submitted after enrollment)*

Applicant's Signature: _____ Date: _____