



DHCD/Division of Building and Fire Regulation
 Jack A Proctor Virginia Building Code Academy
 Main Street Centre
 600 E. Main Street, 11th floor
 Richmond, Virginia 23219
 Telephone: 804.371.7180 Fax: 804.371.7092
www.dhcd.virginia.gov

Application for Certification of Code Officials and Technical Assistants

Directions:

1. Establish or update on-line profile (required for certification) via the following link:
<https://dmz1.dhcd.virginia.gov/TASO/TASOTCO/Default.aspx>
2. Complete parts 1 - 4 of application **(One application per certification)**
3. Attach required documentation
4. Mail or fax to above noted address

Failure to submit a complete and accurate application, or establish an up-to-date on-line profile may result in delays or rejection of application. All statements are subject to investigation and verification. Please notify Training and Certification of any changes in address, employment location, and/or work status as well as update your profile on the on-line system.

Part 1: Applicant Information (please type or print)

Name:		
Driver's license #:		
Home Address:		
Current Employer:		<input type="checkbox"/> Gov't <input type="checkbox"/> Non-Gov't
Employer address:		
Position/Title:		Date of appointment:
Work Phone:	Cell phone:	Fax :
E-mail:		

Part 2: Certification

Requested Certification - please check **one**: *(Separate application for each certification required)*

√	Certificate Title	√	Certificate Title	√	Certificate Title
	Building Code Official		Residential Plumbing Inspector		Plumbing Plans Examiner
	Fire Code Official		Combination Commercial Inspector		Fire Protection Inspector
	Fire Prevention Inspector		Commercial Building Inspector		Fire Plans Examiner
	Building Maintenance Official		Commercial Electrical Inspector		Amusement Device Inspector
	Building Maintenance Inspector		Commercial Mechanical Inspector		Elevator Inspector
	Combination Residential Inspector		Commercial Plumbing Inspector		Permit Technician
	Residential Building Inspector		Commercial Building Plans Examiner		Residential Energy Inspector
	Residential Electrical Inspector		Combination Building Plans Examiner		Residential Energy Plans Examiner
	Residential Building Plans Examiner		Electrical Plans Examiner		Commercial Energy Inspector
	Residential Mechanical Inspector		Mechanical Plans Examiner		Commercial Energy Plans Examiner

Applicant Name: _____

Part 3: Exam/Training

- A. I hereby attest that I have successfully completed the required examination(s) for which I am requesting certification. **I have attached required copies of my exam results.**
- B. Please check the applicable Virginia Building Code Academy Course(s) required and date(s) attended: Individual training records can be found on the on-line system.

✓	Course	Dates	✓	Course	Dates
	Core			Non-structural Plan Review	
	Advanced Official's			Structural Plan Review	
	Building Inspection			Residential Plan Review	
	Electrical Inspection			Permit Technician	
	Mechanical Inspection			Basic Amusement Device	
	Plumbing Inspection			Advanced Amusement Device	
	Property Maintenance Inspection			VDFP 1031 <i>(attach certificate copy)</i>	
	Fire Protection Systems Inspection			Energy, Conservation, and Code for Commercial Structures	
				Energy, Conservation, and Code for Residential Structures	

- C. I understand attendance at DHCD designated training and compliance to the DHCD continuing education policy is required in order to maintain my certification.

Part 4: Required Signatures

Applicant:

I attest that all information provided by me on this application is true and accurate to the best of my knowledge. I understand that falsification of any part of this application may result in denial of requested certification.

Applicant's signature: _____ *Date:* _____

Code Official/Supervisor**

I certify that the above named individual is employed by or under contract to, or is a prospective employee of this jurisdiction. It is my opinion the applicant is qualified to perform the duties for the certification(s) being applied for.

Code Official's Signature *: _____ *Date:* _____

Printed Name: _____

* County/City Manager if this application is for Code Official.

** Applicant's supervisor signature is required if this application is for a third party inspector.

For Office use only

Date Received:	Date of Review:	Staff Initials:
<input type="checkbox"/> Approved	Issuance #:	Date issued:
<input type="checkbox"/> Denied	<input type="checkbox"/> Application incomplete	Date returned to applicant:
	<input type="checkbox"/> Training requirements not met	
	<input type="checkbox"/> Exam requirements not met	
Administration Notes:		

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