



# TEXAS DEPARTMENT OF INSURANCE

Windstorm Inspections / MC 103-1E 333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104  
(512) 322-2203 or toll free 1-(800)248-6032 Fax (512) 322-2273

## APPLICATION FOR TEMPORARY APPOINTMENT AS A QUALIFIED INSPECTOR TEMP INSP – 1 FORM

Pursuant to Article 21.49 §6A, Texas Insurance Code and Title 28, Texas Administrative Code, Section 5.4606, Temporary Appointment of Qualified Inspectors, the following information is required from all applicants in order to process the application. The application must be completed in its entirety.

### PART I- PERSONAL DATA

NAME: \_\_\_\_\_  
Last First MI

TITLE OR POSITION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
St./P.O. Box City County State Zip Code

HOME MAILING ADDRESS: \_\_\_\_\_  
St./P.O. Box City County State Zip Code

Which address should be used for correspondence? Business \_\_\_\_\_ Home \_\_\_\_\_ (check one)

BUSINESS PHONE: ( ) \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

MOBILE PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

### PART II- EDUCATION AND EXPERIENCE

#### SECTION A: Licenses and Certifications

- Certified Coastal Construction Inspector by the *International Code Council (ICC)*- (*Attach copy of certification*)  
Certificate Number \_\_\_\_\_
- Texas Registered Architect- (*Attach copy of current registration*)  
Texas Registration Number \_\_\_\_\_

#### SECTION B: Education and Training- (*Attach certified copy of degrees, transcripts or certificates*)

College or University	City, State	Course/Major	Degree or Certificate Earned

**SECTION C:** Experience in construction, design or inspection on buildings or structures located in high wind areas. (Note: The Texas Department of Insurance may request applicants to provide documentation to validate experience.)

I hereby attest that I have \_\_\_\_\_ years \_\_\_\_\_ months of experience in construction, design or inspection experience of structures located in high wind areas (geographic regions where wind speeds are greater than or equal to 110 mph, 3-second gust).

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**PART III- VERIFICATION OF QUALIFICATIONS AND LICENSING**

I hereby swear and affirm, after having been duly sworn by the undersigned authority, that I have the requisite experience, education, or training in construction, design or inspection of buildings or structures located in high wind areas to meet windstorm building requirements. I further hereby swear and affirm that I am currently licensed and/or certified as stated in this document and that any licenses and/or certifications are non-restricted. Applicants that are employed by a municipality must submit a verification of employment letter to the Texas Department of Insurance with this application.

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I certify that the preceding statements, including attachments, are within my knowledge, true and correct, and I authorize the Texas Department of Insurance to verify the information. I further certify that I have not: (1) willfully violated any insurance law, rule, or regulation of the State of Texas; (2) been convicted of and/or received deferred adjudication for fraudulent or dishonest acts or acts of morale turpitude; or (3) been convicted of a felony. I understand that any falsification of information in this application form, including attachments, shall be cause for rejection of application, cancellation or revocation of approval and appointment, or ordering of any other sanction allowed by rule, regulation, or law.

\_\_\_\_\_  
Signature (in ink)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seal of Architect (if applicable)  
*(Stamp or ink replica)*

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**SUBSCRIBED AND SWORN TO BEFORE ME** this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Seal of Notary**

\_\_\_\_\_  
**Notary Public in and for  
The State of Texas**

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**Return application to:**

**Texas Department of Insurance  
Engineering Services  
Mail Code 9999  
P. O. Box 149104  
Austin, Texas, 78714-9104**

**For further information or questions, contact (512) 322-2212 or Fax (512) 463-6693.**

**NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at [www.tdi.state.tx.us](http://www.tdi.state.tx.us).