

Third-Party Inspector Registration Form

Section 1: A	pplicant Persona	I Information

-	Name			List if proficient	in other langu	uages and sl	kill level (e.g. Span	sh- fluent)
	Mailing Address (No P.O. Boxes)		City		Sta	te Zip C	ode	
	Telephone		Alternate Telephone		E-m	nail		
	Driver's License No. and State		Date of Birth		Soc	Social Security Number		
	States and	d Counties of resid	dence in the las	t three years		Oth	er Names or Aliase	s Used
Sect	tion 2: Typ	e of Inspection a	and Qualification	ons				
	Workmai	nship and Material	ls Inspector (A d	only) 🗆 Struc	ctural Inspecto	or (B only)	Joint Inspector	(A & B Required)
A.								
В.		ring as a structura blicant must be a li		er or Architect (ch	neck one) 🛛	Engineer	□ Archite	ct
	License N	umber					Expiration D	ate
		s the applicant ha licant must provid				construction	industry? □ Yes	□ No
Sect	tion 3: Col	-			, ,			
I am willing to accept inspection assignments in the following Texas counties (check all that apply). The commission may reim- burse for travel, please call the commission at 877-651-TRCC if you have any questions.								
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 Broc Brov Buri Buri Cald Call Call Call Canne 	oks wn leson net lwell 10un ahan	 Dallam Dallas Dawson Deaf Smith Delta Denton DeWitt Dickens 	 Goliad Gonzales Gray Grayson Gregg Grimes Guadalupe Hale 	 Jackson Jasper Jeff Davis Jefferson Jim Hogg Jim Wells Johnson Jones 	 Lubbock Lynn McCulloch McLennan McMullen Madison Marion Martin 	 Parker Parmer Pecos Polk Potter Presidio Rains Randall 	 Sterling Stonewall Sutton Swisher Tarrant Taylor Terrell Terry 	 Winkler Wise Wood Yoakum Young Zapata Zavala

Third-Party Inspector Registration Form (Continued)

Section 4: Attestation

Ι, _	, do attest and affirm that:						
a.	I. I will accept appointments from the Texas Residential Construction Commission to conduct third-party inspections in						
h	the county or counties indicate		d revoked suspended or denied				
υ.	. I have not had a professional or occupational license or certification refused, denied, revoked, suspended or denied renewal;						
	 I will divulge any potential conflict of interest I may have with a party to a dispute, including a person register or certified by the commission, if asked to conduct an inspection involving that party; 						
		fications indicated on this application;	leat federal income tax rative filed				
e.		(10) percent of my gross income, as reported on the itness services, including retention for the purpose of					
	by me, from providing expert witness services, including retention for the purpose of providing testimony, evidence, or consultation in connection with a pending or threatened legal action, less fees received for expert witness services re-						
,	sulting from service as a Third-Party Inspector; and,						
1.	f. I am not delinquent in the payment of any child support obligations under a valid court order for child support or as oth- erwise required by applicable state law, and I understand that persons licensed by the State of Texas may be subject to license suspension for failure to make payments under a valid child support order.						
	Signature	Printed Name	Date				
	-		Dato				
Sec	ction 5: Criminal Background						
	I have been convicted of or ent crime of moral turpitude Yes	ered a plea of nolo contendere (no contest) to a felo □ No	ny or a misdemeanor involving a				
	If yes, date of conviction/plea _	Date of release from incarc	eration/probation				
	I.	authorize the Texas Residenti	al Construction Commission to				
	conduct a criminal background	, authorize the Texas Residenti check.					
	Signature	Printed Name	Date				
Sec	ction 6: Type of Fee						
0	□ Application Fee \$50	Renewal Fee \$50					
	ction 7: Payment						
	Check (Payable to TRCC)	□ Money Order (Payable to TRCC) □ Credit C	ard (Provide information below)				
С	Credit Card Information (Select	Card)					
	I MasterCard	sa 🛛 🗖 American Express					
	Card Number						
	Expiration Date	Voor Drint name ee it appears on eerd	Signatura				
	Month	Year Print name as it appears on card	Signature				
	Internal Use Only						
		Billing Address City	State Zip Code				
0		mantula Mail Favor Hand Dalim					
Sec	ction 8: Submit Form with Pay	ment via Mail, Fax or Hand Delivery					
lf you	u use a credit card to pay the fee, please	either fax your material to 512-463-9507, or mail it to P.O. Box 1					
lf you form: 311 l	u use a credit card to pay the fee, please s of payment, send your form and fee to E. 14 th Street, Suite 200, Austin, Texas 7		o hand deliver the documents, please do so at:				