

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. | | | | | | | | |
| All 2 And And And Ang Arat Arat Arat Arat Arat Arat Bail Bast Bast Bayl Bee Bell Berz Bow Braz Braz Bris | lerson lrews yelina nsas her istrong scosa tin ey dera trop lor ar nco den que vie zoria zos wster | Camp Carson Cass Castro Chambers Cherokee Childress Clay Cochran Coke Collingsworth Colorado Colorado Comal Concho Concho Concho Concho Coryell Cottle Crane Crosby Culberson | Dimmit Donley Duval Eastland Ector Edwards Ellis El Paso Erath Falls Fannin Fayette Fisher Floyd Foard Fort Bend Franklin Freestone Frio Gaines Galveston Galzscock | Hall Hamilton Hansford Harsford Hardeman Harris Harrison Harrison Hartley Haskell Hays Hemphill Henderson Hidalgo Hill Hockley Hood Hoykins Houston Houston Howard Hudspeth Hutchinson Jack | Karnes Kaufman Kendall Kenedy Kent Kerr King Kinney Kleberg Knox Lamar Lamb Lampasas La Salle Lavaca Lee Leon Liberty Limestone Lipscomb Live Oak Llano Loving | Mason Matagorda Maverick Medina Menard Miland Milam Mills Mitchell Montague Moore Moore Morris Motley Nacogdoches Navarro Newton Nolan Nueces Ochiltree Oldham Orange Panola | San Augustine San Jacinto San Patricio | Throckmorton Titus Tom Green Travis Trinity Tyler Upshur Upton Uvalde Val Verde Van Zandt Victoria Walker Waller Waller Ward Washington Webb Wharton Wheeler Wichita Wilbarger Willacy Willason |
| 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: | | | | |