



**City of San Diego  
Development Services**  
9601 Ridgehaven Ct, Ste 220  
San Diego, CA 92123  
(858) 492-5070 • FAX (858) 492-5098

# Application for Special Inspector Registration

**FORM  
DS-320**

April 2017

New Application       Renewal Application       Add-On Classification

For new applications or applications to add special inspection categories, complete the entire form. For renewal applications, skip section  **C**

**A** Name: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**B** I  DO  DO NOT wish my address and telephone numbers stated herein to be published and made available to public in general.

Indicate below the classification(s) of special inspection you are applying or renewing:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Pre-Stressed Concrete                      | <input type="checkbox"/> Pile Driving                |
| <input type="checkbox"/> Structural Masonry  | <input type="checkbox"/> Structural Steel and Welding               | <input type="checkbox"/> Spray-Applied Fire Proofing |
| <input type="checkbox"/> Structural Wood     | <input type="checkbox"/> Exterior Insulations Finish Systems (EIFS) |  |

I am currently registered as a special Inspector for the following classification(s): \_\_\_\_\_

**C Qualifying Requirements—Attach documentation to verify minimum requirements as specified in Information Bulletin 320**

**EDUCATION & OTHER CONSTRUCTION TRAINING.** Attach copies of high school and college diplomas, as well as any relevant transcripts. Include only training or study from accredited programs.

**CONSTRUCTION EXPERIENCE.** Attach a resume listing your work experience during the past 10 years that directly relates to the special inspection category or categories for which you are applying to be registered with the City of San Diego.

**CERTIFICATION.** Attach copies of required certificates or other documents showing the pre-requisites in Information Bulletin 320 have been met.

**D** I hereby certify that all of the information I have given herein and any documents attached hereto is true and complete to the best of my knowledge.

I understand that any false statement will subject me to disqualification.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

**FOR DEPARTMENT USE ONLY**

	Date	Check No.	Receipt No.	Received by	Initial and Date
Application Fee Paid					
Registration Fee Paid					
City Registration No.	Classification(s)			Issued by	Date