

## **Special Deputy Inspector Application Guidelines**

The Building Official has the responsibility to ascertain that Special Deputy Inspectors are qualified for the type of inspection required. Qualifications are measured against the standards listed below:

1. Qualification must include ICC Certification as a special deputy inspector for the discipline in which an individual is requesting approval. Along with your ICC certification, please include a current City or County license from other jurisdictions.
2. The Building Official may require an oral interview and/or written examination and/or daily reports, if necessary, to verify the applicant's knowledge of jurisdictional procedures and requirements.
3. Additional qualifications required:
  - a. Reinforced concrete special inspector; A.C.I. certification as a Concrete Field Technician-Grade I. For further information, contact The American Concrete Institute, Box 0094, Farmington Hills, MI 48333-9095. (284) 848-3700
  - b. Must possess the ability to write legible and concise reports using the nomenclature of the building industry. The ability to communicate on a professional level with contractors, sub-contractors, architects and engineers.
  - c. The Building Official may require additional qualifications for specific projects in any discipline when deemed necessary.
4. Experience and education requirement:
  - a. Five (5) years experience in the discipline in which you are requesting certification. This must include at least one (1) year at a supervisory level. Major course work in architecture, engineering or building technology at college/trade school level may be substituted for one year of this requirement.

## APPLICATION INSTRUCTIONS

1. Please print or type the information requested. Fill out the application completely or your application or renewal may be declined.
2. Include only experience in the specific field or area of construction in which you are requesting certification. **Renewals:** provide experience over the past year.
3. Letters may be sent to the references you have given on your application for verification of experience and qualifications; however, if you do not wish us to contact your present employer, so indicate on the application in the line provided.
4. Attach photocopies of your ICC, ACI, and CWI certificates, as well as other proctored licenses from other jurisdictions and a photocopy of your driver's license.
5. The administrative application fee to become a "**new**" deputy inspector has increased to \$430.00. This is a one-time fee assuming that you renew yearly as stated below. Each additional certification is \$105.00. The total due at time of issuance of one certification, administrative fee, and surcharge of 8% is \$577.80. This will be collected only upon awarding of the certification. The annual "renewal" fee for deputy certification is a flat fee of \$345.60. **Send no money at the time of application.** An email will be sent to you with a link to pay online.
6. All certificates issued by the Building Official shall expire one (1) year from the date of issuance. They may be renewed within thirty (30) days after the expiration date for a flat renewal fee of \$345.60. Certificates renewed within sixty (60) days may be renewed by adding a late fee of \$223.56. After a certificate has expired, it shall not be renewed, and an application, and a reexamination will be required.

Mail application to: City of Long Beach  
Long Beach Community Development, 2<sup>nd</sup> Floor  
411 W. Ocean Boulevard  
Long Beach, CA 90802  
Attn: Deputy Inspector Program

Email application to: [BDEP.INSPECTORS@LONGBEACH.GOV](mailto:BDEP.INSPECTORS@LONGBEACH.GOV)

To request this information in an alternative format or to request a reasonable accommodation, please contact the Community Development Department at [longbeach.gov/lbcd](http://longbeach.gov/lbcd) and 562.570.3807. A minimum of three business days is requested to ensure availability; attempts will be made to accommodate requests with shorter notice.



## Special Deputy Inspector Application

DEPUTY  
RENEWAL # **D** \_\_\_\_\_

NEW  
DEPUTY # \_\_\_\_\_

DATE: \_\_\_\_\_

- \*CONCRETE (incl. CAISSONS)
- \*MASONRY
- \*STRUCTURAL STEEL & WELDING
- \*PRESTRESS
- \*GRADING

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- \*DRIVEN PILES
- \*FIREPROOFING
- \*WOOD SHEAR
- \*EPOXY / DRILLED IN ANCHORS
- \*OTHER \_\_\_\_\_

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\*DENOTES PROCTORED EXAM RESULTS REQUIRED

The undersigned hereby applies for certification as a Special Deputy Inspector as provided by the Municipal Code of the City of Long Beach, California.

NAME: \_\_\_\_\_  

LAST
FIRST
MI

ADDRESS \_\_\_\_\_  

STREET
CITY
ZIP

TELEPHONE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_  

WORK
HOME
MO
DATE
YEAR

EMAIL ADDRESS: \_\_\_\_\_

List below your employers beginning with most current. Be sure to provide addresses and phone numbers.

| DATES EMPLOYED | NAMES AND ADDRESSES OF EMPLOYERS             | POSITIONS/DUTIES   |
|----------------|--|--|
| FROM           | EMPLOYER                                     |  |
| TO             | ADDRESS & ZIP                      TELEPHONE | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FROM           | EMPLOYER                                     |  |
| TO             | ADDRESS & ZIP                      TELEPHONE | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FROM           | EMPLOYER                                     |  |
| TO             | ADDRESS & ZIP                      TELEPHONE | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| FROM           | EMPLOYER                                     |  |
| TO             | ADDRESS & ZIP                      TELEPHONE | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |

**EDUCATION**

| SCHOOL OR COLLEGE | COURSE OF STUDY | UNITS EARNED | YEAR |
|-------------------|-----------------|--------------|------|
|                   |                 |              |      |
|                   |                 |              |      |
|                   |                 |              |      |
|                   |                 |              |      |

HIGHEST GRADE COMPLETED \_\_\_\_\_ YEAR \_\_\_\_\_

**EXPERIENCE**

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**ICC CERTIFICATION HISTORY (LIST BELOW AND ENCLOSE COPIES)**

| DISCIPLINE | EXPIRATION DATE | YEAR FIRST ISSUED | CERT NO. | LAST PROCTORED EXAM DATE |
|------------|-----------------|-------------------|----------|--------------------------|
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |

**SPECIAL DEPUTY LICENSES (LIST BELOW AND ENCLOSE COPIES)**

| JURISDICTION | DISCIPLINE | CERT. NO. | EXPIRATION DATE |
|--------------|------------|-----------|-----------------|
|              |            |           |                 |
|              |            |           |                 |
|              |            |           |                 |
|              |            |           |                 |
|              |            |           |                 |

**I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND UNDERSTAND FALSE STATEMENTS OR MISINFORMATION WILL DISQUALIFY ME FROM BEING CERTIFIED.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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