

Certified Third Party Provider - Application for Registration

Louisiana State Uniform Construction Code Council

7979 Independence Boulevard, Suite 106

Baton Rouge, Louisiana 70806-6409

Telephone: (225) 922-0817

Please complete the enclosed application. The undersigned hereby makes application for a Certificate of Registration with the Louisiana State Uniform Construction Code Council subject to the provisions of applicable Louisiana Statutes and Regulations. Please notify the Louisiana State Uniform Construction Code Council within ten (10) days of any change to the following information.

Check One: New Registration _____ Renewal _____

Date: _____

Name of Registrant: _____

Residence address: _____

City: _____ State: _____ Zip: _____

Parish: _____

Business Name : _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone: _____ Other Contact: _____

E-mail Address: _____

Entities providing services for: _____
(Attach a separate sheet if more space is needed)

Please place a check in the line provided as appropriate:

General Classification: _____ Certified Building Official _____ LA Licensed Engineer
 _____ Master Code Professional _____ LA Licensed Architect

Specialty Classifications:

- | | |
|-----------------------------------------|---------------------------------------------------|
| _____ Commercial Building Inspector | _____ Building Plans Examiner |
| _____ Commercial Electrical Inspector | _____ Electrical Plans Examiner |
| _____ Commercial Mechanical Inspector | _____ Mechanical Plans Examiner |
| _____ Commercial Plumbing Inspector | _____ Plumbing Plans Examiner |
| _____ Commercial Combination Inspector | _____ Combination Plans Examiner |
| _____ Residential Building Inspector | _____ Residential Mechanical Inspector |
| _____ Residential Electrical Inspector | _____ Residential Plumbing Inspector |
| _____ Residential Combination Inspector | _____ Residential Energy Inspector/Plans Examiner |
| _____ Building Inspector | _____ Electrical Inspector |
| _____ Plumbing Inspector | _____ Mechanical Inspector |

Type of Certificate of Registration applying for:

_____ Regular - Individual possesses applicable International Code Council (ICC) certification for the classification applied for. This Certificate of Registration expires on the last day of the month of issuance and must be renewed annually. Please attach a copy of the current and valid classification certification from ICC.

***Note: Please attach a copy of current state license and/or applicable ICC certification.**

****Note: In accordance with §705 of the UCCC Rules all third party providers shall carry a minimum of \$500,000.00 in professional liability insurance. Proof of valid and current insurance coverage must be provided to the Council upon registration and renewal of registration.**

I certify that all statements made on this application and any attached papers are true and complete to the best of my knowledge. I understand that information on this application may be subject to investigation and verification, and that any misrepresentation or material omission may cause my application to be rejected, my name to be removed from the eligible register and/or revocation of certification.

Signature of Applicant

Date of Application

***** Classification Requirements:** For the classification requirements please refer to UCCC Rule §703, Classifications and Required Certifications for Municipal or Parish Building Code Enforcement Officers.

LSUCCC – Office Use Only

Certificate of Registration

_____ Approved - For period of: _____ months / year(s)

Insurance Requirement Met: _____ Yes _____ No

_____ Denied - Reason: _____

Signed: _____

Date: _____

Title: _____

Certificate No. Issued: _____