

# NEW YORK STATE BUILDING OFFICIALS CONFERENCE, INC.

## Certification Application

*(Type or print all information. Use extra sheets listing the areas to which the additional information applies.)*

**Name:** \_\_\_\_\_

### **Business Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email address \_\_\_\_\_

Place and date of birth \_\_\_\_\_ Are you a citizen? Yes [ ] No [ ]

Are you presently employed by a municipal building or code enforcement agency within

New York State? Yes [ ] No [ ] Municipality's Name: \_\_\_\_\_

**Are you an Active Member of NYSBOC?** Yes [ ] No [ ] No. of years a member \_\_\_\_\_

What is the Chapter's name? \_\_\_\_\_

What other building official organizations are you a member of: \_\_\_\_\_

### **Certification Status:**

Are you currently certified by NYSBOC? Yes [ ] No [ ] If Yes see (a); If No see (b). (a) What level are you certified to: \_\_\_\_\_

b. What level certification are you seeking: Indicate by checking below.

Certified Code Inspector \_\_\_\_ Certified Code Administrator \_\_\_\_

Certified Professional Code Administrator \_\_\_\_

Have you completed the NYS basic training offered by NYS DOS Codes Division? Yes [ ] No [ ]

ID # \_\_\_\_\_ Date \_\_\_\_\_ (Attach copy of NYS Certificate.)

### **Verification:**

You may have a person who will be able to give further information for verification. If so, have them prepare and submit a letter detailing the type of work, supervisory capacities and other relevant details.

Return Completed Application and supplemental documents (original and two copies of all.) to:  
Don Mekulik; Chairman - Town of Hamptonburgh, 18 Bull Rd., Campbell Hall, NY 10916 atn: Building Dept.

**Education:**

High School \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_

Graduated - Yes [ ] No [ ] GED [ ]

College \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_

Course of study \_\_\_\_\_ Degree and date received \_\_\_\_\_

Post graduate courses \_\_\_\_\_

School \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_

Graduated - Yes [ ] No [ ] Date \_\_\_\_\_ Degree \_\_\_\_

Other Higher Education?

Courses taken \_\_\_\_\_

College \_\_\_\_\_ from \_\_\_\_ to \_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_

Other sources of learning: \_\_\_\_\_

Explain employment. List titles held, inclusive dates and duties of positions held for all experience areas. Copies of Civil Service job descriptions should be included when those titles are used. Use additional sheets as needed.

**Government Experience:**

Municipality employed by:

\_\_\_\_\_ Department: \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_

Present title: \_\_\_\_\_ Years in this position \_\_\_\_\_

Number of persons supervised by you. \_\_\_\_\_

Duties of your present position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of previous position: \_\_\_\_\_

Number of persons supervised by you \_\_\_\_\_

Number of years in the position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have Civil Service status in any of the listed positions? Yes [ ] No [ ]

List titles and grades for all civil service tests taken. \_\_\_\_\_

\_\_\_\_\_

**Other Qualifications:**

Professional License(s) held: \_\_\_\_\_ Issued By: \_\_\_\_\_ Dated \_\_\_\_\_

List any additional qualifications that would be important in determining your degree of competency, Include; offices in job-related organizations, speaking engagements or articles written.

**Construction or Other Experience:**

List all other experience starting with the most recent. Include time worked as a supervisor or foreperson.

Be sure to note if you were the owner or other person in charge of; the construction of buildings, highways or other engineering projects. **Include duties and duration of the projects.**

Employer: \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employed as: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employed as: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employed as: \_\_\_\_\_ Duties: \_\_\_\_\_

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Use additional sheets for other employers or to provide more information relating to the above sections.

I hereby submit my application for certification in the following category: \_\_\_\_\_

The information supplied on this form is true to the best of my knowledge. I have taken care to provide all pertinent information that will enable the Committee to make a fair evaluation of my background.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Residing at: \_\_\_\_\_