



DHCD/Division of Building and Fire Regulation  
 Training and Certification Unit  
 Main Street Centre  
 600 E. Main Street, Suite 300  
 Richmond, Virginia 23218-0652  
 Telephone: 804.371.7180 Fax: 804.371.7092  
[www.dhcd.virginia.gov](http://www.dhcd.virginia.gov)

### Application for Certification of Code Officials and Technical Assistants

**Directions:**

1. Establish or update on-line profile (required for certification) via the following link:  
<https://dmz1.dhcd.virginia.gov/TASO/TASOTCO/Default.aspx>
2. Complete parts 1 - 4 of application **(One application per certification)**
3. Attach required documentation
4. Mail or fax to above noted address

Failure to submit a complete and accurate application, or establish an up-to-date on-line profile may result in delays or rejection of application. All statements are subject to investigation and verification. Please notify Training and Certification of any changes in address, employment location, and/or work status as well as update your profile on the on-line system.

**Part 1: Applicant Information (please type or print)**

Name:		
Driver's license #:		
Home Address:		
Current Employer:		<input type="checkbox"/> Gov't <input type="checkbox"/> Non-Gov't
Employer address:		
Position/Title:		Date of appointment:
Work Phone:	Cell phone:	Fax :
E-mail:		

**Part 2: Certification**

Requested Certification - please check **one**: *(Separate application for each certification required)*

<input type="checkbox"/>	Certificate Title	<input type="checkbox"/>	Certificate Title	<input type="checkbox"/>	Certificate Title
<input type="checkbox"/>	Building Code Official	<input type="checkbox"/>	Residential Plumbing Inspector	<input type="checkbox"/>	Plumbing Plans Examiner
<input type="checkbox"/>	Fire Code Official	<input type="checkbox"/>	Combination Commercial Inspector	<input type="checkbox"/>	Fire Protection Inspector
<input type="checkbox"/>	Fire Prevention Inspector	<input type="checkbox"/>	Commercial Building Inspector	<input type="checkbox"/>	Fire Plans Examiner
<input type="checkbox"/>	Building Maintenance Official	<input type="checkbox"/>	Commercial Electrical Inspector	<input type="checkbox"/>	Amusement Device Inspector
<input type="checkbox"/>	Building Maintenance Inspector	<input type="checkbox"/>	Commercial Mechanical Inspector	<input type="checkbox"/>	Elevator Inspector
<input type="checkbox"/>	Combination Residential Inspector	<input type="checkbox"/>	Commercial Plumbing Inspector	<input type="checkbox"/>	Permit Technician
<input type="checkbox"/>	Residential Building Inspector	<input type="checkbox"/>	Commercial Building Plans Examiner	<input type="checkbox"/>	Residential Energy Inspector
<input type="checkbox"/>	Residential Electrical Inspector	<input type="checkbox"/>	Combination Building Plans Examiner	<input type="checkbox"/>	Residential Energy Plans Examiner
<input type="checkbox"/>	Residential Building Plans Examiner	<input type="checkbox"/>	Electrical Plans Examiner	<input type="checkbox"/>	
<input type="checkbox"/>	Residential Mechanical Inspector	<input type="checkbox"/>	Mechanical Plans Examiner	<input type="checkbox"/>	

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

**Part 3: Exam/Training**

- A. I hereby attest that I have successfully completed the required examination(s) for which I am requesting certification. **I have attached required copies of my exam results.**
- B. Please check the applicable Virginia Building Code Academy Course(s) required and date(s) attended: Individual training records can be found on the on-line system.

<input type="checkbox"/>	Course	Dates	<input type="checkbox"/>	Course	Dates
	Core			Non-structural Plan Review	
	Advanced Official's			Structural Plan Review	
	Building Inspection			Residential Plan Review	
	Electrical Inspection			Energy, Conservation, and Code for Residential Structures	
	Mechanical Inspection			Permit Technician	
	Plumbing Inspection			Basic Amusement Device	
	Property Maintenance Inspection			Advanced Amusement Device	
	Fire Protection Systems Inspection			VDFP 1031 ( <i>attach certificate</i> )	

- C. I understand attendance at DHCD designated training and compliance to the DHCD continuing education policy is required in order to maintain my certification.

**Part 4: Required Signatures**

**Applicant:**

I attest that all information provided by me on this application is true and accurate to the best of my knowledge. I understand that falsification of any part of this application may result in denial of requested certification.

*Applicant's signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Code Official/Supervisor**

I certify that the above named individual is employed by or under contract to, or is a prospective employee of this jurisdiction. It is my opinion the applicant is qualified to perform the duties for the certification(s) being applied for.

*Code Official's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Printed Name: \_\_\_\_\_

\* County/City Manager if this application is for Code Official.  
Applicant's supervisor signature is required if this application is for a third party inspector.

**For Office use only**

Date Received:	Date of Review:	Staff Initials:
<input type="checkbox"/> Approved	Issuance #:	Date issued:
<input type="checkbox"/> Denied	<input type="checkbox"/> Application incomplete	Date returned to applicant:
	<input type="checkbox"/> Training requirements not met	
	<input type="checkbox"/> Exam requirements not met	
Administration Notes:		