



10.12 Certification Application

Name of Applicant _____

Address _____

City _____ Province _____ Postal Code _____

Email _____ Phone _____ Cell _____

Employer _____

Employer Address _____

City _____ Province _____ Postal Code _____

Currently an SBOA member in good standing? Yes, since yyyy-mm-dd No _____

Currently appointed as Building Official? Yes, since yyyy-mm-dd No _____

Currently hold SK Building Official Licence? Number and Class _____ No _____

Application New _____ or Upgrade _____ Current designation _____

Applying for BCQ Level 1 _____ BCQ Level 2 _____ BCQ Level 3 _____

CBO Level 1 _____ CBO Level 2 _____ CBO Level 3 _____

A. For All BCQ and CBO Levels

Passed Challenge Exam	Date	Equiv.?	Equivalents	Date Obtained
SBOA Level 1 Exam No. 1	yyyy-mm-dd		SK Building Official Licence	yyyy-mm-dd
SBOA Level 1 Exam No. 2	yyyy-mm-dd		Class _____	
SBOA Level 2 Exam No. 3	yyyy-mm-dd		ACBOA Designation	yyyy-mm-dd
SBOA Level 2 Exam No. 4	yyyy-mm-dd		_____	
SBOA Level 2 Exam No. 5	yyyy-mm-dd		Equivalent to ACBOA	yyyy-mm-dd
SBOA Level 3 Exam No. 6	yyyy-mm-dd		Designation from another BOA	
SBOA Level 3 Exam No. 7	yyyy-mm-dd		_____	
SBOA Level 3 Exam No. 8	yyyy-mm-dd			
SBOA Level 3 Exam No. 9	yyyy-mm-dd			
SBOA Level 3 Exam No. 10	yyyy-mm-dd			

B. For All CBO Levels

Length of time appointed as Building Official at **Level 1** from yyyy-mm-dd to yyyy-mm-dd

Approximate number of plan reviews and/or inspections at Level 1 _____

Length of time appointed as Building Official at **Level 2** from yyyy-mm-dd to yyyy-mm-dd

Approximate number of plan reviews and/or inspections at Level 2 _____

Length of time appointed as Building Official at **Level 3** from yyyy-mm-dd to yyyy-mm-dd

Approximate number of plan reviews and/or inspections at Level 3 _____

Copies of supporting documents attached:

- successful exam letters
- appointment certificates or letters
- licence
- other _____

AUTHORIZATION TO DISCLOSE PERSONAL INFORMATION BY APPLICANT

I authorize SBOA to publish my name, my location (municipality only), and any designation I may be granted by SBOA in lists of persons with BCQ and/or CBO designations.

If I apply to other provincial Building Official associations for designation, I authorize SBOA to share my membership status, my certification status, my maintenance status, and any related disciplinary matters to those Building Official associations.

Signature _____

AFFIRMATION BY APPLICANT

I hereby affirm that the information contained in this application is true and correct.

Signature _____ Date of Application yyyy-mm-dd

VERIFICATION OF WORK EXPERIENCE BY SUPERVISOR/MANAGER/EMPLOYER

(attach additional sheets if required)

Name _____

Title _____

Organization _____

Telephone _____ Fax _____ Email _____

As the applicant's supervisor/manager/employer, I hereby confirm that the applicant has performed plan reviews and/or inspections as indicated in this application.

Signature _____ Date yyyy-mm-dd