



Oregon Building Officials Association
Special Inspection Program (SIP)
Application for Agency Registration

To apply for registration on the OBOA SIP Agency roster, please complete this entire form and send with payment to the OBOA office. You may apply online via our website oregonbuildingofficials.com if preferred. Please print all information exactly as it should be listed. Agency registration is per location. "Profile" address is how the agency will be listed on the OBOA website/roster. All fields below must be complete.

Agency/Company Name Website

"Profile" Address City State Zip

Mailing Address City State Zip

Agency Primary Contact: Please notify the OBOA SIP office if this person changes.

Full Name (include all designations) Position Title

Email Business Phone

WE ARE APPLYING FOR (SELECT ONE CATEGORY)

NOTE: A prerequisite for agency registration in the OBOA Special Inspection Program is documentation/proof of a valid accreditation certificate from an OBOA-recognized national accreditation or inspection authority as listed below.

- Category A: Testing & Inspection Services - Must provide a copy of your ISO 17025 certification showing accreditation to ASTM E329
Category B: Testing Services Only - Must provide a copy of your ISO 17025 certification showing accreditation to ASTM E329
Category C: Inspection Services Only - Must provide a copy of your ISO 17020 certification showing accreditation to ASTM E329

REQUIREMENTS:

- To meet the national accreditation requirement prescribed for agency registration, the agency must demonstrate accreditation by an acceptable accrediting and inspecting authority* as prescribed in the OBOA Special Inspection Program Document and listed below, in accordance with either ISO 17020 or 17025, and provide a copy of your current certificate and scope of accreditation.
An agency's scope of accreditation should reflect all of the tests they routinely provide. At a minimum, an approved Testing and Inspection Agency is required to be accredited in accordance with ASTM E329 "Standard Specification for Agencies Engaged in Construction Inspection, Special Inspection, or Testing Materials Used in Construction."

*ACCEPTABLE ACCREDITING and INSPECTING AUTHORITIES - Select the authority pertaining to your agency:

*Additional/other accrediting authorities may be allowed at the discretion of the OBOA Board of Directors; please notify the OBOA office if this applies to your agency.

- AAP - AASHTO Accreditation Program - Accreditation/Certification # Exp. Date
A2LA - American Association for Laboratory Accreditation - Accreditation/Certification # Exp. Date
IAS - International Accreditation Service - Accreditation/Certification # Exp. Date
NVLAP - National Voluntary Laboratory Accreditation Program - Accreditation/Certification # Exp. Date

REQUIRED: Each agency must include a complete list of all special inspector employees and/or individuals affiliated with your company with this application. All inspectors will need to apply separately to be included on the individual Special Inspector roster (agency submits application as well as each inspector) and must work for an agency registered with OBOA.

A complete list is enclosed with this application. Applications will not be processed until a list is provided.

Signature Date

By signing this form, you agree to the terms and conditions set forth within the OBOA SIP Document and agree to abide by the OBOA Code of Ethics. If at any time agency accreditation/status changes, OBOA must be notified immediately.

Annual Application/Registration Fees

For all categories; fees are per calendar year: New Agency Fee: \$100 per agency/location**

**All existing agencies registered with OBOA in 2016/2017 have been grandfathered into the program for 2017.

The fee for 2018 for existing agencies is \$50. Select one: New - \$100 Existing - \$50 AMOUNT DUE:

PAYMENT OPTIONS:

- Check Visa MasterCard American Express Discover

If paying by credit card, all fields below must be completed to be able to process payment. Fax (do NOT email) credit card payments to 503.253.9172.

Card Number Expiration Date

Name on Card Amount Authorized \$

Card Billing Address City State Zip

Email Receipt To Signature