

CITY OF PASADENA
 PERMIT/INSPECTION DEPARTMENT
 MECHANICAL SECTION
 1114 Davis Street
 PASADENA, TEXAS 77502
 (713)-475-5575 FAX (713)-475-7841

IECC CERTIFIED PLAN EXAMINER/INSPECTOR,

PLEASE PRINT OR TYPE LICENSE INFORMATION
 LICENSEE INFORMATION

CERTIFICATION NO.:	CERTIFICATION TYPE:	EXPIRATION DATE:
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LICENSEE PERSONAL INFORMATION

NAME:		DRIVERS LIC#:
HOME ADDRESS:		PHONE#:
CITY:	STATE:	ZIP CODE:

BUSINESS INFORMATION (MUST BE SAME AS BUSINESS AFFILIATION ON STATE LICENSE)

COMPANY NAME:		BUSINESS PHONE:	
MAILING ADDRESS:		FAX #:	
CITY:	STATE:	ZIP CODE:	YOUR POSITION: <input type="checkbox"/> OWNER <input type="checkbox"/> LICENSE HOLDER
PHYISCAL ADDRESS:			
CITY:	STATE:	ZIP CODE:	EMERGENCY PHONE #: CELL PHONE #:
E-MAIL ADDRESS:			

HOLDER'S SIGNATURE	DATE

Subscribed and sworn to before me by affiant this _____ day of _____, 20____.

* _____
 NOTARY PUBLIC

* Required if application by fax

****REQUIRED TO BE ON FILE COPY OF: DRIVER'S LICENSE AND CERTIFICATION CARD THAT STATES EXPIRATION DATE.**

Registration fee is \$50.00

Does the applicant request to be added to the City of Pasadena list of local IECC Inspectors?

This list will allow for public access to all contained information by any type of request and will require a "YES or NO" answer at the time of application. _____

OFFICE USE ONLY

DATA ENTRY BY:	DATE:
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