

Section VII

Fee Schedule and Forms

A. AGENCY INITIAL REGISTRATION AND/OR THIRD YEAR RENEWAL:

Registration/Audit Application –includes 3 hours application review and processing time. Additional processing time, if required, will be charged the prevailing hourly rate.*	\$325.00
Administrative Audit (WABO Accredited Agencies) –includes 8 hours of time for Quality System Manual review additional information requests, Corrective Action Requests and response review, reporting, and final recommendations. Additional time, if required, will be charged at the prevailing hourly rate.*	\$950.00
Facility Audit (Non-WABO Accredited Agencies) –includes 12 hours of time for Quality System Manual review, additional information requests, Corrective Action Requests and response review, reporting, and final recommendations. Also includes a one day on-site audit. Additional time, if required, will be charged at the prevailing hourly rate.*	\$2,200.00 plus expenses

B. AGENCY ADDITIONAL TYPES OF WORK

Application –includes ½ hour application processing time. Additional processing time, if required, will be charged the prevailing hourly rate.*	\$100.00 per type of work
Audit/Inspection –estimated 1-to-3 hours per type of work for Quality System Manual review, additional information requests, Corrective Action Requests and response review, reporting, and final recommendations. The assessor may determine if an agency verification visit is necessary. Additional time will be charged at the prevailing hourly rate.*	\$125.00 per hour plus expenses
Facility Audit (Non-WABO Accredited Agencies) –includes 12 hours of time for Quality System Manual review, additional information requests, Corrective Action Requests and response review, reporting, and final recommendations. Also includes a one day on-site audit. Additional time, if required, will be charged at the prevailing hourly rate.*	\$2,200.00 plus expenses

C. AGENCY ANNUAL RENEWAL

Renewal Application –includes 1/2 hours application processing time and one hour of technical review. Additional processing time will be charged the prevailing hourly rate.	\$225.00
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D. KEY PERSONNEL REGISTRATION

Technical Director Application	\$150.00
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Supervising Laboratory Technician Application	\$150.00
Special Inspection Field Supervisor Application	\$150.00 1st Category
	\$50.00 each additional category
Annual Registration Renewal	\$25.00
Registration Reinstatement/Transfer	\$50.00
Card Replacement	\$25.00
Interview –estimated 1 ½ hour base interview time plus ½ hour additional time per category for field supervisor.	\$125.00 per hour plus expenses
Interview no show	\$125.00

E. SPECIAL INSPECTOR REGISTRATION:

General Procedures Exam – required for initial applicants	\$55.00
Application for Registration and Interview	\$55.00 Per category
Annual Registration Renewal	\$50.00
Card Replacement	\$25.00

Note: Expenses include OBOA consultant travel time, transportation and meals and lodging, when necessary. The current prevailing hourly rate is \$125.00 for assessor services and \$55.00 for administrative services.

*Assessor or administrative as applicable



Application for Registration as a Certified Special Inspector

OBOA Special Inspection Program

Indicate Categories for Registration (maximum of 3 categories at one time)

- | | |
|--|--|
| <input type="checkbox"/> Reinforced Concrete (RC) | <input type="checkbox"/> Earthwork Construction/Soils (EC) |
| <input type="checkbox"/> Prestressed Concrete (PC) | <input type="checkbox"/> Structural Wood (SW) |
| <input type="checkbox"/> Structural Masonry (SM) | <input type="checkbox"/> Proprietary Anchors (PA) |
| <input type="checkbox"/> Structural Steel & Bolting (S1) | <input type="checkbox"/> Shotcrete (SC) |
| <input type="checkbox"/> Structural Steel & Welding (S2) | <input type="checkbox"/> Cold Formed Steel Framing (CF) |
| <input type="checkbox"/> Sprayed Fire-Resistant Materials (FP) | |

Have you filed for these registrations previously? Yes _____ No _____

Fees: \$_____ (\$55.00 per category. Make check payable to "OBOA")

Personal Information (Please Print Clearly)

Name _____
Last First Middle

Initial _____
Home Address _____

City _____ State _____ Zip _____

Telephone: Work _____ Home/Cell _____

Current Employer _____

Employer Address _____

List below any related certifications or registrations (i.e. ICC, WABO, AWS, CWI, ACI, Tech I, PE, etc.), and submit proof (copy) of current certifications/registrations, **except for ICC certs** which will be verified at www.iccsafe.org

Circle completed ICC certifications: RC, PC, SM, S1, S2, SS, FP, SW, PA, SC, CF, EC

Education: High school graduate or GED? Yes _____ No _____

List all college, university, trade, or special training education. Include seminars or classes directly related to this certification. Attach certificates, transcripts, etc. that confirm your attendance.

School, Location, Dates Attended _____

Major, Program, or Degree _____

School, Location, Dates Attended _____

Major, Program, or Degree _____

Application for Registration as a Certified Special Inspector

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Work Experience:

Instructions: Complete one form for each of your past employers; make as many copies of this form as you need. Use blank paper if you run out of space. Resumes that provide all of the information requested may be substituted for this sheet.

Employer and type of business _____

Address _____

City _____ State _____ Zip _____

Dates of employment (month and year): From _____ To _____

Name and title of supervisor _____

May we contact this employer to verify experience? Yes _____ No _____

Title of your position _____

Description of your work: BE SPECIFIC. Describe projects you inspected or worked on and the type of work or inspection you performed (number of stories, type of construction, specific building components inspected, i.e. shear walls, moment frames, piles caps, etc.), length of time on each project including dates, types of tests you performed or supervised, and/or any other duty for each project.

I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsifications, my application will be rejected or my registration as an OBOA registered Special Inspector will be suspended or revoked.

Application Date: _____ Signature: _____



OBOA Special Inspection Program Advisory Board

Date _____

Registration No. _____

Application for Registration
As a Certified Agency
(Initial, Renewal, or Additional Types of Work)

Indicate Categories of Registration

_____ A.) Testing & Inspection _____ B.) Testing Only _____ C.) Inspection Only

FEES: \$325.00 (Any Category) \$225.00 (Annual Renewal)

Indicate Types of Work (Testing or Inspection ONLY)

- Reinforced Concrete (RC) Earthwork Construction/Soils (EC)
Prestressed Concrete (PC) Structural Wood (SW)
Structural Masonry (SM) Proprietary Anchors (PA)
Structural Steel & Bolting (S1) Shotcrete (SC)
Structural Steel & Welding (S2) Cold Formed Steel Framing (CF)
Sprayed Fire-Resistant Materials (FP)

Please Print Neatly

Agency Name _____

Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Email Address _____

Contact Person _____

Agency Facility Description: [] Headquarters [] Branch

(Separate registration forms are required for each headquarters and/or branch facility).

Key Personnel:

Technical Director: _____

Supervising Laboratory Technician: _____

Special Inspection Field Supervisor: _____

Type(s) of Work: _____

Special Inspection Field Supervisor: _____

Type(s) of Work: _____

Special Inspection Field Supervisor: _____

Type(s) of Work: _____

Accrediting Authority Certification must be included with the application. Certification must include a copy of the audit report conducted for registration. (*See Section I – General Program Administration for acceptable agencies*)

Submission of a Quality Control Manual must be included with the application. (*See Section IV – Agency Registration for manual criteria*)

I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsifications, my application will be rejected or my registration as a Certified Agency or Fabricator will be suspended or revoked.

Application Date: _____ Company Officer: _____



Application for Registration as Agency Key Personnel OBOA Special Inspection Program

Indicate Categories for Registration (maximum of 3 categories at one time)

- Technical Supervisor
 Supervising Laboratory Technician
 Supervising Field Technician

Supervising Field Technicians may become registered to direct or supervise any number of types of work. Check each type of work you are applying for below:

- | | |
|--|--|
| <input type="checkbox"/> Reinforced Concrete (RC) | <input type="checkbox"/> Earthwork Construction/Soils (EC) |
| <input type="checkbox"/> Prestressed Concrete (PC) | <input type="checkbox"/> Structural Wood (SW) |
| <input type="checkbox"/> Structural Masonry (SM) | <input type="checkbox"/> Proprietary Anchors (PA) |
| <input type="checkbox"/> Structural Steel & Bolting (S1) | <input type="checkbox"/> Shotcrete (SC) |
| <input type="checkbox"/> Structural Steel & Welding (S2) | <input type="checkbox"/> Cold Formed Steel Framing (CF) |
| <input type="checkbox"/> Sprayed Fire-Resistant Materials (FP) | |

Have you filed for these registrations previously? Yes _____ No _____

Fees: \$ _____ (\$150.00 for each key personnel/one category, \$50.00 for each additional category. Make check payable to "OBOA")

Personal Information (Please Print Clearly)

Name _____
Last First Middle

Initial _____

Home Address _____

City _____ State _____ Zip _____

Telephone: Work _____ Home/Cell _____

Current Employer _____

Employer Address _____

Please attach a detailed resume documenting your education, training, work history, work experience, and project experience. Submit proof (copy) of any current applicable certifications/registrations.

I hereby certify that this application contains no willful misrepresentation or falsifications, and that the information given by me is true and complete to the best of my knowledge. I am aware that should investigation at any time disclose any such misrepresentation or falsifications, my application will be rejected or my registration as an OBOA registered Special Inspector will be suspended or revoked.

Application Date: _____ Signature: _____

APPLICANT QUALIFICATION DOCUMENTATION

(ITEMS LISTED BELOW SHOULD BE BOUND, IN SOME FASHION, HAVE A TABLE OF CONTENTS AND LOCATOR INDEX DIVIDERS FOR EACH SECTION, e.g. "A," "B," ETC.)

1. Applicant Qualification Documentation

Registration of an agency is based on an assessment of the Agency Registration Application; accompanying Applicant Qualification Documentation; and on-site facilities and equipment inspection. Below is a list of Applicant Qualification Documentation that should be submitted along with the completed and signed Agency Registration Application:

A. Scope of Operations Description

- i. a description of the agency's geographic area of operations and types of users

B. Accreditation or Inspection Documentation

- i. if the applicant agency has been accredited by an "acceptable accrediting authority", a copy of the certificate and scope of accreditation.

-or-

if the applicant agency has been inspected by an "acceptable inspecting authority", a copy of the inspecting authority's report, along with satisfactory evidence that any deficiencies noted in the inspection authority's report have been corrected.

- ii. the national accreditation/inspection certificate or report shall be for all types of work the agency wishes to be registered, in compliance with ASTM E329 and ISO IEC 17020 or 17025.

C. Organization and Personnel Information

- i. for sole proprietorships or partnerships, a list of agency owner(s) including name(s) and title(s)

-or-

for a corporation, the corporation name, headquarters address and telephone number along with the applying agency manager's name and title

- ii. for agency's with branch offices, a list of all branch offices including names, addresses and telephone numbers for managers.
(NOTE: If branch offices exist, please provide this list whether branch offices are scheduled to become registered or not. Each branch office is considered a separate entity and must comply with the provisions of the OBOA Special Inspection Program to become a registered agency.)
- iii. a staffing diagram and/or organizational chart of the agency including the names, titles of all managerial, supervisory and inspector personnel (relating to special inspection activity).
- iv. evidence (completed key personnel application form and fee, or current OBOA registration certificates) that the agency inspection services are under the direction of a full-time employed person (technical director) meeting the qualifications prescribed for this registration program found in OBOA Special Inspection Program
- v. evidence (completed key personnel application form and fee, or current OBOA registration certificates) that the agency field inspections are under the supervision of a full-time employed person (special inspection field supervisor) meeting the prescribed qualifications prescribed for this registration program found in OBOA Special Inspection Program.

- vi. evidence (completed inspector application form and fee, or current OBOA registration certificates) that the agency inspectors (**special inspectors**) meet the qualifications prescribed for this registration program found in OBOA Special Inspection Program.
- vii. description of the agency's personnel training program and/or practices

D. IBC Special Inspection Specifications

- i. evidence that agency key personnel and inspectors are familiar with and prescribe to the provisions of IBC, Chapter 17, "Structural Tests and Inspections".

E. Testing Services

- i. Provide a description of all related field tests performed by agency personnel
- ii. Provide a list of related laboratory tests and the OBOA registered agency's that will perform them.

F. Equipment and Facilities Information

(identified by registration categories./type of work)

- i. a list of field test and inspection equipment the agency owns.
- ii. a list of field test and inspection equipment the agency depends on external sources for-including the source name
- iii. evidence of equipment calibration procedures, practices and a record keeping system, with copies of relevant standard forms used.
(NOTE: All calibrations shall be traceable to the National Institute of Standards & Technology (NIST) and calibrations shall be performed at frequencies as set forth in national standards. If a standard test method requires equipment calibration for which a frequency is not specified, then the laboratory shall establish a frequency of not less than one year.)

G. Codes and Standards

- i. a list of the relevant codes and standards the agency has on hand, by title and edition year.

H. Field inspection and Related Field Testing Procedures Information.

Provide the following for each type of work in which registration is sought:

- i. a description of field inspection procedures, with copies of relevant standard forms used
- ii. a list of related field testing including appropriate ASTM and/or IBC references, with copies of relevant standard forms used.
- iii. a description of procedures for field test and inspection job tracking from initial assignment through record retention, with copies of relevant standard forms used
- iv. a description of procedures for field test sample selecting, identifying, handling, and, storing, with copies of relevant standard forms used

- v. a description of procedures for recording field test and inspection results, with copies of relevant standard forms used
- vi. a description of procedures for handling and reporting “discrepancies” referenced in the IBC, Section 1700, with copies of relevant standard forms used
- vii. a description of procedures for handling, reviewing, signing and distributing “final reports” as prescribed in the IBC, Section 1700, with copies of relevant standard forms used, and an example of a final letter.

I. Quality Assurance Manual

- i. Provide a copy of the agency “quality system manual” or the equivalent.



SPECIAL INSPECTION PROGRAM
(Attachment)

Registration Maintenance Checklist

Directions: Technical directors are required to check the appropriate boxes below and return the signed form (with any requested documentation) within thirty (30) days of receipt of this form. Failure to return the completed form and/or continue to meet the prerequisites for agency registration may impact maintenance of an agency's registration. Mail completed forms along with an application for registration renewal form to: OBOA, PO Box 13173, Salem, OR 97309.

National Accreditation or Certification

- Our agency's national accreditation or certification **has** changed since our registration was initially issued or last renewed.
(attach a copy of current accreditation or certification documentation)
- Our agency's national accreditation or certification **has not** changed since our registration was initially issued or last renewed.

Key Personnel

- Our agency's key personnel (technical director, supervising laboratory technician or special inspection field supervisor) **have** changed and OBOA **has not been** notified since our registration was initially issued or last renewed.
(attach a listing of current full-time employee key personnel)
- Our agency's key personnel (technical director, supervising laboratory technician or special inspection field supervisor) **have not** changed since our registration was initially issued or last renewed or they have changed and OBOA was previously notified.

Quality Assurance Practices

- Our agency's quality control or assurance practices **have** changed since our registration was initially issued or last renewed.
(provide written changes in quality control or assurance practices)
- Our agency's quality control or assurance practices **have not** changed since our registration was initially issued or last renewed.

Equipment & Testing

- Our agency equipment calibration procedures and practices **are** traceable and are being performed at frequencies set forth in national standards. Testing practices are in accordance with accepted national standards.
- Our agency equipment calibration procedures and practices **are not** traceable and not being performed at frequencies set forth in national standards. Testing practices are not in accordance with accepted national standards.

Agency Name

Location

Technical Director Signature

Date