

INSTRUCTIONS AND INFORMATION FOR THRESHOLD BUILDING INSPECTOR CERTIFICATION

Application begins on page 3

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

Applicants are cautioned to read questions thoroughly. Be certain that all questions are answered truthfully and that all requested information is furnished.

GENERAL INFORMATION

Section 553.79(5), Florida Statutes, requires that a threshold building inspector perform structural inspections on threshold buildings in accordance with a structural inspection plan describing specific inspection procedures and schedules such that the building can be adequately inspected for compliance with the permitted documents. Inspections shall include shoring and re-shoring during construction. The law further states that special inspectors shall meet the requirements for qualification established by the Florida Board of Architecture and Interior Design.

You are hereby advised that architects shall not commit misconduct in the practice of their profession and that such misconduct includes, but is not limited to, performing work when not qualified by training or experience in the field or discipline of professional engineering. Further, architects shall not make any statement or claims which misrepresent pertinent facts concerning their past employment or work with the intent and purpose of enhancing their qualifications.

In accordance with Rule 61G1-25.003, Florida Administrative Code, upon receiving the assignment as Threshold Building Inspector for a building, you must file a signed, dated, and sealed certificate with the enforcement authority stating that you are competent to provide inspection of that structure.

All required written reports shall be prepared by you and bear your seal, and shall be submitted to the enforcement agency in accordance with Section 553.79(5)(d), Florida Statutes.

Prior to the issuance of a Certificate of Occupancy, you are required to file a signed and sealed statement of compliance with the enforcement agency in accordance with Section 553.79(7)(a), Florida Statutes.

QUALIFICATIONS CRITERIA

All applicants must be architects, in good standing, licensed in the state of Florida. In addition, they must:

1. Have had three years experience in performing structural field inspections within the last ten years on at least three threshold type buildings.
2. The beginning dates of projects shall be no older than ten years prior to the date of the application.
3. Submit three letters of recommendation from architects or engineers whose principal practice is structural engineering in the state of Florida, one of whom must be a certified special inspector.

A threshold building is defined in Section 553.71(7), Florida Statutes, as

1. Any building greater than three stories or 50 feet in height; OR
2. A building having an assembled occupancy that exceeds 5,000 sq.ft. and has an occupancy content of greater than 500 persons.

FEES DEFINED:

Application for Threshold Building Inspector Certification	\$100

APPLICATION CHECKLIST:

TRANSACTION	APPLICATION REQUIREMENTS
Threshold Building Inspector	<ul style="list-style-type: none"><input type="checkbox"/> Pay \$100 non-refundable application fee (make check payable to the Department of Business and Professional Regulation)<input type="checkbox"/> Complete DBPR 0010 – Master Individual Application<input type="checkbox"/> Complete the DBPR 0050-1 Explanatory Information for Background Questions form and DBPR 0060-1 General Explanatory Description form (if applicable)<input type="checkbox"/> Complete DBPR AID 4001 – Application for threshold building inspector certification<input type="checkbox"/> Applicant must have three years experience in performing structural field inspections within the last ten years on at least three threshold type buildings<input type="checkbox"/> The beginning dates of projects shall be no older than ten years prior to the date of the application.<input type="checkbox"/> Submit three letters of recommendation from architects or engineers whose principal practice is structural engineering in the state of Florida, one of whom must be certified special inspector.

Please send your completed application, documentation and required fee(s) to:

Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, FL 32399-0783

www.MyFlorida.com

DBPR AID-4001 Application for Threshold Building Inspector Certification

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

**NOTE – This form must be submitted as
part of an application packet**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at (850) 487-1395.

LICENSE QUALIFICATION	
<i>Please complete the form below listing field inspections of threshold-type buildings. Design experience is only recognized for projects where the designs are complete. List the type of project and the occupancy. Identify features that qualify the design as a threshold-type building or the scope of the inspection, the number of years of experience claimed for this project, and the name and license number of the structural engineer of record for this project. Overlapping time periods of projects may only be counted once.</i>	
Project Identification and Location	
Occupancy Types(s)	
Identify features that will qualify the design as being a threshold type building	
Scope of field inspection or description	
Years of experienced claimed for this project	
Name and license number of structural engineer or architect for the project	
I am an architect currently licensed in the state of Florida. I hereby certify that the above statements are true and correct and that I have the technical competency to perform structural inspection on threshold type buildings as required by Section 553.79(5)(a), Florida Statutes.	
<hr/>	
Please sign, date, and seal here.	

LETTER OF RECOMMENDATION FOR SPECIAL INSPECTOR CERTIFICATION	
Applicant Information	
Name	
License #	
Address	
City	

State			
Zip Code			
Telephone #			
Information About Person Making Recommendation			
Name			
License #			
Address			
City			
State			
Zip Code			
AFFIRMATION			
Indicate date form was forwarded to reference			
<i>I am submitting an application for certification as a Threshold Building Inspector. I am listing your name for a Letter of Recommendation. Please complete this form and mail it to the Department of Business and Professional Regulation at the address indicated on the first page of this form.</i>			
1. I have known the applicant from _____ to _____			
2. During this time, I know that this applicant has worked as an architect and has gained experience in the area of inspection of threshold buildings.			
3. Please comment on the applicant's architectural work as it relates to threshold type buildings with respect to the applicant's experience, ability, and competency. (Use additional sheet if necessary.)			
_____ Signature		_____ Date	

EDUCATION INFORMATION			
Name and Location of ALL Colleges or Universities Attended	From/To Date	Graduation Date	Degree Received

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION**

PERSONAL INFORMATION				
Social Security Number*				
Last Name	First	Middle	Title	Suffix
Birth Date (MM/DD/YYYY) / /		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		
Race/Ethnicity (check only one):				
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Native American or Alaskan Native
<input type="checkbox"/> White or Caucasian		<input type="checkbox"/> Spanish, Hispanic or Latino		<input type="checkbox"/> Other
MAILING ADDRESS				
Street Address or P.O. Box				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
CONTACT INFORMATION				
Primary Phone Number		Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		
BUSINESS LOCATION ADDRESS				
Business/Firm Name				
Street Address				
City		State	Zip Code (+4 optional)	
County (if Florida address)		Country		

ADDITIONAL CONTACT INFORMATION (OPTIONAL)	
Alternate Phone Number	Fax Number
Alternate E-Mail Address	

*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec. 317.

PRIOR LICENSE INFORMATION			
If you currently or previously have held a business or professional license/registration in Florida or elsewhere, please list them below:			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	

BACKGROUND INFORMATION			
1.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Have you ever been convicted of a crime, found guilty, or entered a plea of guilty or nolo contendere (no contest) to, even if you received a withhold of adjudication? This question applies to any violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.058, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION WILL BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	Yes <input type="checkbox"/> (If yes, please complete form 0050-1)	No <input type="checkbox"/>	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, in which you were charged in the petition, complaint, declaration, answer, counterclaim, or other pleading with any fraudulent or dishonest dealing, or is there any such case or investigation pending?
3.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	Yes <input type="checkbox"/> (If yes, please complete form 0060-1)	No <input type="checkbox"/>	Has any license, registration or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or withdrawn in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1 – 4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action including the nature of any charges, dates, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please utilize form 0050-1 for your responses to questions 1 and 2, and form 0060-1 for your responses to questions 3 and 4. If you have more than seven offenses to document on form 0050-1, attach additional copies of form 0050-1 as necessary.

PRIOR NAME INFORMATION				
Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname) or alias other than the name signed to the application? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If your answer is yes, state name or names used below:				
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix
Last Name	First	Middle	Title	Suffix

ATTEST STATEMENT

I have read the questions in this application and have answered them completely and truthfully to the best of my knowledge.

I have successfully completed the education, if any, required for the level of licensure, registration, or certification sought.

I have the amount of experience required, if any, for the level of licensure, registration, or certification sought.

I pledge to comply with the applicable standards of practice upon licensure, registration, or certification.

I understand the types of misconduct for which disciplinary proceedings may be initiated.

Giving knowingly misleading statements or knowing misrepresentation when applying for a license constitutes a felony of the third degree and may result in licensure denial or revocation.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature: _____

Print Name: _____

Social Security Number: _____

DBPR 0050-1 – Explanatory Information for Background Questions

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION
NOTE – This form must be submitted as part of an
application packet**

PERSONAL INFORMATION				
Last Name	First	Middle	Title	Suffix
Identify question number on form 0010 this explanation pertains to:				

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

BOARD Threshold Building Inspector Certification

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? Yes <input type="checkbox"/> No <input type="checkbox"/>
Description	

Attach additional sheets as necessary