



City of Pomona
Building and Safety Division
Special/Deputy Inspector Information Sheet

NAME OF INSPECTOR: _____

MAILING ADDRESS: _____

CONTACT PHONE #: _____

LABORATORY/SHOP NAME: _____

SUPERVISOR/EMPLOYER: _____

ADDRESS: _____

TELEPHONE #: _____

FIELDS CERTIFIED IN:

1. Reinforced Concrete and Masonry Cert. # _____
2. Masonry Only Cert. # _____ Expires on: _____
3. Structural Steel Cert. # _____ Expires on: _____
4. Welding Cert. # _____ Expires on: _____
5. ICC Certificate Cert. # _____ Expires on: _____
6. Other _____ Cert. # _____

JOB ADDRESS TO BE INSPECTED IN CITY: _____

Tract No. _____

Inspection/s
performing _____

Length, Stay _____

I certify that the information given above is correct and further state that I am a Certified Inspector capable of furnishing continuous inspection in the fields checked above in accordance with Section 306 (a) of the Uniform Building Code.

Signature: _____

Printed Name: _____

Date: _____

Building Department Use Only:

Information Taken By: _____

Time: _____ Date: _____

Note: When job is finalized, please file in permanent jacket.