



Certification Transition Form
Structural Steel & Bolting Special Inspector (S1)
and Structural Welding Special Inspector (S2)



Name: _____ Jurisdiction: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Member or Student ID No.: _____ (optional—used only to distinguish two candidates with same name)

TRANSITION REQUIREMENTS:

S1 Structural Steel & Bolting Special Inspector

- Current ICC Structural Steel & Welding Special Inspector (85) Certification

S2 Structural Welding Special Inspector—one of the following:

- A
• Current ICC Structural Steel and Welding Special Inspector (85) Certification
• Current AWS CWI or CAWI Certification. Photocopy of CWI or CAWI Certification must be submitted.
□ B
• Current AWS CWI or CAWI Certification without a current ICC 85 Certification qualifies for transition to the Structural Welding Special Inspector (S2) by passing the Structural Steel & Bolting Special Inspector (S1) examination and then submitting copy of AWS Certification.
□ C
• Current ICC Structural Steel and Welding Special Inspector (85) Certification
• Attendance at the Structural Welding Inspection seminar given by Steel Structures Technology Center (SSTC)

CERTIFICATION CATEGORY TO TRANSITION TO:

- S1 Structural Steel & Bolting Special Inspector □ S2 Structural Welding Special Inspector

CONDITIONS OF ACCEPTANCE:

- 1. Certification will be achieved by submitting this form, appropriate fees, evidence of successful completion of written examinations (applicable score reports), and other requirements, when necessary.
2. Submittal of this form establishes the applicant as a candidate for certification and implies no assurance that certification will be listed.

Full payment must be submitted with all applications. Certification categories _____ X \$65.00 per category = Total Amount: \$ _____

Method of Payment Provided: □ Check/Money Order □ Visa □ MasterCard □ American Express □ Discover (Payable to ICC)

Name as it appears on credit card: _____

Signature: _____

Credit Card Number [Grid]

Expiration Date [Month] [Year]

Return this completed application with the appropriate fees to:

International Code Council
Eastern Regional Office
900 Montclair Road
Birmingham, AL 35213
1-888-ICC-SAFE (422-7233), ext. 5524
askac@iccsafe.org

OFFICE USE ONLY

Candidate ID: _____ Requirements met: _____ Date processed: _____ Initials: _____