



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



Please allow 3 - 5 business days to process application

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.

Certification categories _____ X \$65.00 per category = Total Amount: \$ _____

PAYMENT AUTHORIZATION

For your security, the Assessment Center elects to collect credit card information via telephone. If paying by credit card, please provide name on credit card and signature to authorize the purchase. If paying by check, mail to the address below.

Name as it appears on credit card: _____

Signature: _____

Return this completed application to:
International Code Council
Eastern Regional Office
900 Montclair Road
Birmingham, AL 35213
1-888-ICC-SAFE (422-7233), ext. 5524

OFFICE USE ONLY

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