

City of San Marcos

MS4 Structural Control Inspection Pre-certification Application

General Information:

Name: _____

Professional Engineer License Number: _____

Firm Name: _____ Branch: _____

Firm Address: _____

Telephone: _____ Fax: _____

Email: _____

Engineering firms are automatically pre-certified if they have one or more employees who are pre-certified.

Certification Information: List all degrees, certifications, and trainings relevant to structural control inspections.

1. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

2. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

3. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

4. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

5. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

6. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

7. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

8. Degree Type _____
(Type of degree, if any, held by this individual)

Training Type _____
(Type of training or certification)

Training Date _____
Month Day Year

Project Summary: List five (5) most relevant projects you have worked on related to structural control inspections.

Project #1: _____

Project #2: _____

Project #3: _____

Project #4: _____

Project #5: _____

Project Information: Describe five (5) most relevant projects you have worked on related to structural control inspections.

Project #1

Project Name: _____

Location: _____

Client Name: _____

Client Phone Number: _____

Client Contact Name: _____

Date Project Began: _____
Month Day Year

Date Project Completed: _____
Month Day Year

Enter a description of the work done on this project:

Project #2

Project Name: _____

Location: _____

Client Name: _____

Client Phone Number: _____

Client Contact Name: _____

Date Project Began: _____
Month Day Year

Date Project Completed: _____
Month Day Year

Enter a detailed description of the work done on this project:

Project #4

Project Name: _____

Location: _____

Client Name: _____

Client Phone Number: _____

Client Contact Name: _____

Date Project Began: _____
Month Day Year

Date Project Completed: _____
Month Day Year

Enter a detailed description of the work done on this project:

Project #5

Project Name: _____

Location: _____

Client Name: _____

Client Phone Number: _____

Client Contact Name: _____

Date Project Began: _____
 Month Day Year

Date Project Completed: _____
 Month Day Year

Enter a detailed description of the work done on this project:
