Building Official_____
Date Revised_2005_____

CITY OF PALOS VERDES ESTATES
DEPUTY INSPECTOR'S REGISTRATION FORM

Date_____

Name of Deputy Inspector_____

Phone # of Deputy Inspector_____

Signature of Deputy Inspector_____

In the space provided below, please list all your Credentials/Certifications, the numbers and the date of expiration of each item (including California Drivers License):

1._____

2._____

3._____

4._____

5._____

6._____

When performing work in the City of Palos Verdes Estates it is required that you check in with the staff and provide the above information. It will not be necessary to call in regularly to report daily/weekly/monthly inspections, just forward written inspections to the Building Department for their files and review. You are responsible to check in with the City once your credentials expire.

To Staff: make copy of identification and affix to the back of their completed form & place in this file.