



Office Use Only:
Date Approved: _____

INSPECTOR MEMBER APPLICATION

Inspector Members are qualified persons employed or retained by an approved agency, as defined in the International Building Code, with the competency and knowledge of ICC/NSSA 500 and FEMA P-361 necessary to inspect a particular type of safe room installation and construction.

Applicant Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail: _____ Web Address: _____

The information above will appear on the NSSA Website once approved for membership.

- 1. Inspectors:** Briefly describe when and how you became a qualified inspector with the competency necessary to inspect a particular type of construction requiring Special Inspection. (Special Inspection refers to inspections done to ensure compliance with the ICC 500 Standard and the approved construction documents for the Site Built Community/Commercial safe room projects)

- 2. Inspectors:** Briefly explain if you are self-employed or are you employed or retained by an approved agency that is approved by building officials you contract with?

- 3. Inspector Project History:** Briefly describe some projects for which you have provided special inspections. Please attach a list of the projects worked on if you prefer.

- 4. Who referred or encouraged you to apply for membership with NSSA?**

5. I enclose a membership application of \$100. I understand that my payment will be returned if my application is not approved. Furthermore, I understand that I will receive annual membership renewal notice and that I may be dropped from membership if dues are not received within 60 days of the renewal date.
6. I have read the NSSA Bylaws, specifically the Code of Conduct and agree to abide by them. I also agree to support the purpose and objectives of NSSA and uphold its principles of maintaining quality workmanship, compliance with the standards and guidelines and public safety for all Community/Commercial safe rooms you work on.

Signature

Date

CHOOSE ONE

I am printing and mailing in my completed application and enclosing a check for my member dues of \$100. (Mail to: NSSA, PO Box 41166, Lubbock, TX 79409-1166 or 1103 Fillmore Drive, Bldg., 250, Room 104, Lubbock, TX 79416)

I am e-mailing my completed application to: info@nssa.cc. Please send me a QuickBooks generated invoice so I may pay my application fee online via credit card (*Visa, MasterCard, American Express, or Discover*) or bank transfer.