



Building Safety Division
 City of Bend
 710 NW Wall Street, Bend OR 97703

APPLICATION FOR AGENCY REGISTRATION SPECIAL INSPECTION PROGRAM

To apply for registration on the City of Bend SIP Agency Roster, please complete this entire form and email to cmackenzie@bendoregon.gov with all required supporting documents. This form is available online at www.bendoregon.gov.

Print all information exactly as it should be listed on the roster.

Agency/Company Name: _____

Website: _____

Mailing Address: _____
City State ZIP

Agency Primary Contact

Full Name: _____ Position Title: _____

Email: _____ Business Phone: _____

WE ARE APPLYING FOR (SELECT ONE CATEGORY)

- Category A: Testing and Inspection Services**
 *Must provide a copy of your ISO 17025 certification showing accreditation to ASTM E329
- Category B: Testing Services Only**
 *Must provide a copy of your ISO 17025 certification showing accreditation to ASTM E329
- Category C: Inspection Services Only**
 *Must provide a copy of your ISO 17020 certification showing accreditation to ASTM E329

An agency's scope of accreditation should reflect all of the tests they routinely provide. At a minimum, an approved Testing and Inspection Agency is required to be accredited in accordance with ASTM E329 "Standard Specification for Agencies Engaged in Construction Inspection, Special Inspection, or Testing Materials Used in Construction."

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***ACCEPTABLE ACCREDITING AND INSPECTING AUTHORITIES**

Provide your accreditation/certification number and select the authority pertaining to your agency.

Accreditation/Certification #: _____ Expiration Date: _____

- AAP - AASHTO Accreditation Program
- A2LA - American Association for Laboratory Accreditation
- IAS - International Accreditation Service
- NVLAP - National Voluntary Laboratory Accreditation Program

**Additional/other accrediting authorities may be allowed at the discretion of the City of Bend Building Official; please notify the City of Bend if this applies to your agency.*

REQUIRED: Each agency must include a complete list of all special inspector employees and/or individuals affiliated with your company with this application. All inspectors will need to apply separately to be included on the Individual Special Inspector Roster (agency submits application as well as each inspector) and must work for an agency registered with the City of Bend.

- A complete list is enclosed with this application.

I attest all information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____