



Application for Municipal Building Official Certification

Some of the following information requested below is private. It may be released only to you or to state agencies which need it to test and/or certify you as a Municipal Building Official. Your Social Security Number is requested to distinguish you from all other applicants and to make processing more efficient. If you do not provide it, we will need to assign an individual identification number to ensure that your records will not be confused with those of other applicants and you will need to use that number when contacting the Department of Labor and Industry concerning any of your records. Name, address and home telephone is required to distinguish you from other applicants and to be able to contact you. (M.S. 13.04, Subdivision 2)

PRINT IN INK or TYPE

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY NUMBER
ADDRESS			WORK PHONE
CITY	STATE	ZIP CODE	HOME PHONE
E-MAIL			

GENERAL INFORMATION

- ◆ You may apply for only ONE of three certifications, Certified Building Official, Certified Building Official-Limited, or Accessibility Specialist.
- ◆ Each application entitles you to sit for one administration of the exam. If circumstances necessitate additional administration of the exam, a new application and examination fee will be required.
- ◆ Documentation must accompany this application to support the qualifying prerequisite points.
- ◆ A separate application and examination fee is required for each certification.
- ◆ Make your certification selection below, based on your qualifying prerequisites mentioned in this application.

Certification Categories	For Office Use Only	
Check only one		
<input type="checkbox"/> Certified Building Official	23245 C	008100
<input type="checkbox"/> Certified Building Official – Limited	32325 C	008313
<input type="checkbox"/> Accessibility Specialist	32324 C	008314

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

- ◆ Type or print clearly with a pen.
- ◆ Complete the application entirely including signature and date.
- ◆ Attach copies of certificates, transcripts, and other documentation.
- ◆ **Include a check or money order in the amount of \$50 payable to the “Department of Labor and Industry”.**
- ◆ **Please note: Application fees are non-refundable.**

1301.0300 Certification Prerequisites.

Prior to making application for certification as a **certified building official**, a person shall accumulate a minimum of **100 points** from the categories in items A to C.

Prior to making application for certification as a **certified building official-limited**, a person shall accumulate a minimum of **30 points** from categories in items A to C and attend the course specified by the State Building Inspector.

Prior to making application for certification as an accessibility specialist, a person shall attend the course specified by the State Building Inspector.

The certification prerequisites are arranged in a total point accumulation system according to the certification you are applying for. You must attach supporting documentation for prerequisites claimed, degree, transcripts, employee letters, certificates, etc.

A. Education: BIT refers to building inspection technology programs offered in the community college system. Points shall be awarded as follows for successful completion of the program or courses listed:	Certified Building Official	Building Official-Limited
(1) BIT AAS degree, 100 points;		
(2) BIT certificate, 60 points;		
(3) BIT code-related courses: (a) 20 points total for the following four courses: Field Inspection; Plan Review Non-Structural; Legal Aspects of Code Administration; and, Administering the Minnesota State Building Code. Zero points if any of the courses in this unit have not been successfully completed;		
(b) upon successful completion of the courses named in unit (a), additional BIT building code courses, four points each up to a maximum accumulation of 40 points;		
(4) postsecondary courses in building construction, building construction-oriented architecture or engineering, or public administration, one point each up to a maximum accumulation of 30 points;		
(5) an associate's degree in building construction, building construction oriented architecture or engineering, or public administration, 30 points;		
(6) a bachelor's degree in building construction oriented architecture or engineering, 60 points. If points are claimed in this category, additional points may not be claimed in sub-item (4) or (5).		
B. Certification: Points shall be awarded for certifications obtained as follows:	Certified Building Official	Building Official-Limited
(1) International Code Council building official examinations: (a) Legal and Management module, 50 points;		
(b) Technology module, 50 points;		
(2) International Code Council examinations: (a) building inspector, 40 points;		
(b) plans examiner, 60 points;		
(3) Minnesota class I certification, 10 points;		
(4) Minnesota certified building official-limited certification, 20 points.		
C. Experience: Points shall be awarded for experience obtained as follows:	Certified Building Official	Building Official-Limited
(1) municipal building code inspection or plan review experience under the supervision of a currently certified building official, 20 points each year up to a maximum accumulation of 80 points;		
(2) experience in the design of buildings or in the construction of buildings with specific skilled participation in the assembly of foundations, superstructures, or installation of the building's mechanical systems, 10 points per year up to a maximum accumulation of 30 points.		
D. Other education, certification and experience relating to the field of the construction industry that is not enumerated in items A to C must be given credit as determined by the State Building Inspector based on comparison with the prerequisites in items A to C.	Certified Building Official	Building Official-Limited
Write in:	For office use only	
	Total Your Points Below	
	100 point minimum	30 point minimum
For Office Use Only	Total	
Verification Signature		

List Relevant Employment

EMPLOYER		PHONE NUMBER	LENGTH OF EXPERIENCE	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL			FROM	TO
POSITION	SUPERVISOR	CONTRACTOR LICENSE # (if self-employed)	Mo. / Yr.	Mo. / Yr.
MAJOR ACTIVITIES:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/wk	
1.				
2.				
3.				
ADDRESS		CITY	STATE	ZIP CODE

EMPLOYER		PHONE NUMBER	LENGTH OF EXPERIENCE	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL			FROM	TO
POSITION	SUPERVISOR	CONTRACTOR LICENSE # (if self-employed)	Mo. / Yr.	Mo. / Yr.
MAJOR ACTIVITIES:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/wk	
1.				
2.				
3.				
ADDRESS		CITY	STATE	ZIP CODE

EMPLOYER		PHONE NUMBER	LENGTH OF EXPERIENCE	
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> MUNICIPAL			FROM	TO
POSITION	SUPERVISOR	CONTRACTOR LICENSE # (if self-employed)	Mo. / Yr.	Mo. / Yr.
MAJOR ACTIVITIES:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time _____ hrs/wk	
1.				
2.				
3.				
ADDRESS		CITY	STATE	ZIP CODE

The state has the right to verify information provided in this application. False information may subject an applicant to disqualification or decertification. In connection with this application, I authorize the State of Minnesota and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release the State of Minnesota and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

YES YES, but no present employer NO, (We may be unable to process your application without this information.)

BE SURE TO INCLUDE ALL INFORMATION REQUIRED ABOVE.

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

SIGNATURE	DATE
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