

C #:	_____
Date:	_____
<b>UC1</b>	

## APPLICATION FOR UCC CERTIFICATION

Type or print legibly in black ink all the information requested below.

<b>Personal Data</b>	Name _____ Phone (____) _____ Home address _____ _____ City _____ State _____ Zip Code _____ County _____ Date of Birth (MM/DD/YY) _____ Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
<b>Certification(s) Requested</b>  <i>(Check all that apply)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Residential Building Insp.  <input type="checkbox"/> Residential Electrical Insp.  <input type="checkbox"/> Residential Mechanical Insp.  <input type="checkbox"/> Residential Plumbing Insp.  <input type="checkbox"/> Residential Energy Insp.  <input type="checkbox"/> Building Insp.  <input type="checkbox"/> Fire Insp.  <input type="checkbox"/> Electrical Insp.  <input type="checkbox"/> Mechanical Insp.  <input type="checkbox"/> Plumbing Insp.         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Energy Insp.  <input type="checkbox"/> Accessibility Insp./P.E.  <input type="checkbox"/> Building P.E.  <input type="checkbox"/> Electrical P.E.  <input type="checkbox"/> Mechanical P.E.  <input type="checkbox"/> Plumbing P.E.  <input type="checkbox"/> Energy P.E.  <input type="checkbox"/> Building Code Official  <input type="checkbox"/> Elevator Insp.  <input type="checkbox"/> Passenger Ropeway Insp.         </td> </tr> </table>	<input type="checkbox"/> Residential Building Insp. <input type="checkbox"/> Residential Electrical Insp. <input type="checkbox"/> Residential Mechanical Insp. <input type="checkbox"/> Residential Plumbing Insp. <input type="checkbox"/> Residential Energy Insp. <input type="checkbox"/> Building Insp. <input type="checkbox"/> Fire Insp. <input type="checkbox"/> Electrical Insp. <input type="checkbox"/> Mechanical Insp. <input type="checkbox"/> Plumbing Insp.	<input type="checkbox"/> Energy Insp. <input type="checkbox"/> Accessibility Insp./P.E. <input type="checkbox"/> Building P.E. <input type="checkbox"/> Electrical P.E. <input type="checkbox"/> Mechanical P.E. <input type="checkbox"/> Plumbing P.E. <input type="checkbox"/> Energy P.E. <input type="checkbox"/> Building Code Official <input type="checkbox"/> Elevator Insp. <input type="checkbox"/> Passenger Ropeway Insp.
<input type="checkbox"/> Residential Building Insp. <input type="checkbox"/> Residential Electrical Insp. <input type="checkbox"/> Residential Mechanical Insp. <input type="checkbox"/> Residential Plumbing Insp. <input type="checkbox"/> Residential Energy Insp. <input type="checkbox"/> Building Insp. <input type="checkbox"/> Fire Insp. <input type="checkbox"/> Electrical Insp. <input type="checkbox"/> Mechanical Insp. <input type="checkbox"/> Plumbing Insp.	<input type="checkbox"/> Energy Insp. <input type="checkbox"/> Accessibility Insp./P.E. <input type="checkbox"/> Building P.E. <input type="checkbox"/> Electrical P.E. <input type="checkbox"/> Mechanical P.E. <input type="checkbox"/> Plumbing P.E. <input type="checkbox"/> Energy P.E. <input type="checkbox"/> Building Code Official <input type="checkbox"/> Elevator Insp. <input type="checkbox"/> Passenger Ropeway Insp.		
<b>Documentation</b>	Check off documentation that is attached: <ul style="list-style-type: none"> <li><input type="checkbox"/> Test documentation for <u>each certification</u> requested.</li> <li><input type="checkbox"/> Evidence of having passed an examination substantially similar to an examination listed in the Certification Booklet.</li> <li><input type="checkbox"/> Evidence that one of the additional requirements found in section 401.5(a)(2) has been met. (See page 1 of Certification Booklet.)</li> </ul>		
<b>Signature</b>	<p><b>All information provided on this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities.</b></p> <p style="text-align: center;">         _____  <b>Signature of Applicant</b> <span style="float: right;"><b>Date</b></span> </p>		
<b>Filing Requirements</b>	Submit application, all necessary documentation and a check payable to the Commonwealth of Pennsylvania in the amount of \$50.00 to:  <p style="text-align: center;"><b>PA Department of Labor &amp; Industry BOIS - UCC Certification Unit 651 Boas Street, Room 1606 Harrisburg, PA 17121-0750</b></p>		
<i>FOR L&amp;I USE ONLY</i>	Check #: _____ Amount: \$ _____ Bates #: _____		

*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*