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| FOR L&I USE ONLY |
| Cert#: _____ |
| Date: _____ |

APPLICATION FOR UCC CERTIFICATION
Type or print legibly all the information requested below.

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|---|---|---|--|---|--|---|--|---|---|---|--|---|--|-------------------------------------|--------------------------------------|---|---|---|---|---|--|
| Personal Data | Name _____ Home Address _____ City _____ State _____ Zip Code _____ County _____ Telephone _____ Email _____ Gender <input type="checkbox"/> Female <input type="checkbox"/> Male Date of Birth (MM/DD/YY) _____ Employer Name _____ | | | | | | | | | | | | | | | | | | | | |
| Alternate Mailing Address | Complete the following to send all information to a different mailing address than listed above: Company Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____ Email _____ | | | | | | | | | | | | | | | | | | | | |
| Certification(s) Requested (Check all that apply) | <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Residential Building Insp.</td> <td><input type="checkbox"/> Energy Insp.</td> </tr> <tr> <td><input type="checkbox"/> Residential Electrical Insp.</td> <td><input type="checkbox"/> Accessibility Insp./P.E.</td> </tr> <tr> <td><input type="checkbox"/> Residential Mechanical Insp.</td> <td><input type="checkbox"/> Building P.E.</td> </tr> <tr> <td><input type="checkbox"/> Residential Plumbing Insp.</td> <td><input type="checkbox"/> Electrical P.E.</td> </tr> <tr> <td><input type="checkbox"/> Residential Energy Insp.</td> <td><input type="checkbox"/> Mechanical P.E.</td> </tr> <tr> <td><input type="checkbox"/> Building Insp.</td> <td><input type="checkbox"/> Plumbing P.E.</td> </tr> <tr> <td><input type="checkbox"/> Fire Insp.</td> <td><input type="checkbox"/> Energy P.E.</td> </tr> <tr> <td><input type="checkbox"/> Electrical Insp.</td> <td><input type="checkbox"/> Building Code Official</td> </tr> <tr> <td><input type="checkbox"/> Mechanical Insp.</td> <td><input type="checkbox"/> Elevator Insp.</td> </tr> <tr> <td><input type="checkbox"/> Plumbing Insp.</td> <td><input type="checkbox"/> Passenger Ropeway Insp.</td> </tr> </table> | <input type="checkbox"/> Residential Building Insp. | <input type="checkbox"/> Energy Insp. | <input type="checkbox"/> Residential Electrical Insp. | <input type="checkbox"/> Accessibility Insp./P.E. | <input type="checkbox"/> Residential Mechanical Insp. | <input type="checkbox"/> Building P.E. | <input type="checkbox"/> Residential Plumbing Insp. | <input type="checkbox"/> Electrical P.E. | <input type="checkbox"/> Residential Energy Insp. | <input type="checkbox"/> Mechanical P.E. | <input type="checkbox"/> Building Insp. | <input type="checkbox"/> Plumbing P.E. | <input type="checkbox"/> Fire Insp. | <input type="checkbox"/> Energy P.E. | <input type="checkbox"/> Electrical Insp. | <input type="checkbox"/> Building Code Official | <input type="checkbox"/> Mechanical Insp. | <input type="checkbox"/> Elevator Insp. | <input type="checkbox"/> Plumbing Insp. | <input type="checkbox"/> Passenger Ropeway Insp. |
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| <input type="checkbox"/> Plumbing Insp. | <input type="checkbox"/> Passenger Ropeway Insp. | | | | | | | | | | | | | | | | | | | | |
| Documentation | Check off documentation that is attached: <table style="margin-left: 20px; border: none;"> <tr> <td><input type="checkbox"/></td> <td>Test documentation for each certification requested.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Evidence of having passed an examination substantially similar to an examination listed in the Certification Booklet</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Evidence that one of the additional requirements found in section 401.5(a)(2) of the UCC Regulations has been met.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Copy of QEI Card (Elevator Inspectors only)</td> </tr> </table> | <input type="checkbox"/> | Test documentation for each certification requested. | <input type="checkbox"/> | Evidence of having passed an examination substantially similar to an examination listed in the Certification Booklet | <input type="checkbox"/> | Evidence that one of the additional requirements found in section 401.5(a)(2) of the UCC Regulations has been met. | <input type="checkbox"/> | Copy of QEI Card (Elevator Inspectors only) | | | | | | | | | | | | |
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| <input type="checkbox"/> | Copy of QEI Card (Elevator Inspectors only) | | | | | | | | | | | | | | | | | | | | |
| Signature | All information provided on this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities. _____ <div style="display: flex; justify-content: space-between;"> Signature of Applicant Date </div> | | | | | | | | | | | | | | | | | | | | |
| For L&I Use Only | Check #: _____ Amount: _____ Bates #: _____ | | | | | | | | | | | | | | | | | | | | |

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| Filing Requirements | <p>Submit the application, all necessary documentation and a check or money order for the appropriate fee, made payable to the Commonwealth of Pennsylvania to:</p> <p>PA Department of Labor and Industry BOIS – UCC Certification Unit 651 Boas Street, Room 1606 Harrisburg, PA 17121-0750</p> <p>FEE SCHEDULE: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by email UCCBOIS@pa.gov, by telephone at 717-772-3396 or by fax at 717-705-0196.</p> <p>Please direct any questions regarding certification to (717) 772-3396 or UCCBOIS@pa.gov.</p> |
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