

Building Official \_\_\_\_\_  
Date Revised 2005 \_\_\_\_\_

**CITY OF PALOS VERDES ESTATES  
DEPUTY INSPECTOR'S REGISTRATION FORM**

|   |
|---|
| Date _____  |
| Name of Deputy Inspector _____  |
| Phone # of Deputy Inspector _____   |
| Signature of Deputy Inspector _____   |
| In the space provided below, please list all your Credentials/Certifications, the numbers and the date of expiration of each item (including California Drivers License): |
| 1. _____  |
| 2. _____  |
| 3. _____  |
| 4. _____  |
| 5. _____  |
| 6. _____  |

**When performing work in the City of Palos Verdes Estates it is required that you check in with the staff and provide the above information. It will not be necessary to call in regularly to report daily/weekly/monthly inspections, just forward written inspections to the Building Department for their files and review. You are responsible to check in with the City once your credentials expire.**

**To Staff: make copy of identification and affix to the back of their completed form & place in this file.**