



## Third-Party Plan Reviewer Application

**Instructions: Please fill out this application completely. When submitting your application in ABQ-PLAN, include all supporting documentation: bachelors degree; and ICC and/or IAMPO certifications.**

### Applicant Information

Full name:	<div><div>Last</div><div>First</div><div>M.I.</div></div>	Date:	
Address:	<div><div>Street address</div><div>Apt/Unit #</div></div>	Phone:	
	<div><div>City</div><div>State</div><div>Zip Code</div></div>	Email:	

### Professional-In-Charge

Do you possess a current New Mexico license for architecture or engineering?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide your license number.	
Will you be working under the direct supervision of a Professional-in-Charge?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide the Professional-in-Charge's name.	

**Please select the certifications you possess.**

Certification					
Commercial Structural/Architectural	<input type="checkbox"/>	ICC B3	<input type="checkbox"/>	ICC 21	<input type="checkbox"/> ICC 78
Commercial Mechanical	<input type="checkbox"/>	IAMPO MPE	<input type="checkbox"/>	ICC 78	
Commercial Plumbing	<input type="checkbox"/>	IAMPO PPE	<input type="checkbox"/>	ICC 78	
Commercial Electrical	<input type="checkbox"/>	ICC E3	<input type="checkbox"/>	ICC 78	
Residential Structural/Architectural	<input type="checkbox"/>	ICC R3	<input type="checkbox"/>	ICC 79	

**Please select the components you are applying to review**

Component Review	
Commercial Structural/Architectural	<input type="checkbox"/>
Commercial Mechanical	<input type="checkbox"/>
Commercial Plumbing	<input type="checkbox"/>
Residential Structural/Architectural	<input type="checkbox"/>

**Education**

*Please provide information regarding a bachelors degree from an accredited college or university in construction or architectural engineering.*

College:			Address:		
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Degree:	
Other:			Address:		
From:		To:		Did you graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Degree:	

**Previous Employment**

*Please provide employment history that demonstrates four (4) years of experience in Quality Control, Quality Assurance, Building Inspection, Drafting, Plan Drawings, or Plan Review of Accessory Structures, Detail Designs, Shop Drawings, Residential, Commercial, or Industrial Buildings.*

Company:			Phone:		
Address:			Supervisor:		
Job title:			From:		To:
Responsibilities:					

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		

## Disclaimer and signature

I understand that each Third-Party Plans Review Agency shall include at least one registered architect or professional engineer licensed in the State of New Mexico who shall act as the professional-in-charge of the review and who shall certify the plan reviews performed by the agency. Any person working for the agency who is not so licensed shall work under the direct supervision of an architect or professional engineer who holds a current registration in the State of New Mexico and that submitting my application as a Third-Party Plan Reviewer is acknowledgement and agreement to fulfill these obligations.

I certify that a Third-Party Plan Review Agency, a Professional-in-Charge and Third-Party Reviewers shall not perform plan review(s) on a project which might present a conflict of interest due to their association with the project or to their relationship or association with other parties or individuals involved with the project, its design or construction

The City of Albuquerque is committed to equal opportunity and non-discrimination. The City of Albuquerque complies with applicable federal, state, and local civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, ancestry, sexual orientation, gender identity, spousal affiliation or sex.

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application may result in revocation of the Professional-in-Charge certification.

Signature:	_____	Date:	_____
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**Note: Please include copies of your relevant ICC/IAPMO certifications and a copy of your bachelors degree.**