TEXAS DEPARTMENT OF INSURANCE



Windstorm Inspections / MC 103-1E 333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104 (512) 322-2203 or toll free 1-(800)248-6032 Fax (512) 322-2273

APPLICATION FOR APPOINTMENT AS A QUALIFIED INSPECTOR Form ENG - 1

Pursuant to Article 21.49 § 6A, Texas Insurance Code and Title 28, Texas Administrative Code, Section 5.4604, Appointment of Engineers as Qualified Inspectors, the following information is required in order to process the application.

PART I

		PERSO	ONAL DATA			
NAME:						
	Last		First	MI		
TITLE OR POSITION:		E	MPLOYER			
BUSINESS M ADDRESS: _						
	St./P.O. Box	City	County	State	Zip Code	
HOME MAII ADDRESS:	LING					
	St./P.O. Box	City	County	State	Zip Code	
Which address	should be used	for correspondence?	Business	Home (che	eck one)	
BUSINESS		HOME				
PHONE: ()	PHONE: ()	SSN:		
		EDUCATION s Licensed Professio	nal Engineer inf	Formation		
Texas Registration Number			Attach copy of current registration			
Field of Expertise				No. of years months		
SECTION B:	College Educa	ation				
College or Un	<u>iversity</u>	City, State	Course/Major	Degree Earn	<u>ned</u>	
Other Education	on or Training					
<u>Course</u> <u>Subject Matter</u>			<u>Dates Attended</u>			

SECTION C: Experience	in the design of structures to meet windstorm resistant building requirements.
Have you designed str Yes No	uctures and calculated wind loads for structures located in high wind areas?
2. What percentage of you	ar work has been for the design of structures in high wind areas?%
3. How long have you bee	en designing structures in high wind areas? No. of years months
SECTION D: Verification	of Qualifications and Licensing
requisite experience, educ windstorm building require	after having been duly sworn by the undersigned authority, that I have the ation, or training in the design of structures in high wind areas to meet ments. I further hereby swear and affirm that I am currently licensed by the I Engineers and that my license is non-restricted.
and I authorize the Texas I not willfully violated any i fraudulent or dishonest ac information in this applica	statements, including attachments, are within my knowledge, true and correct, Department of Insurance to verify the information. I further certify that I have nsurance law, rule, or regulation of the State of Texas, been found guilty of its or been convicted of a felony. I understand that any falsification of tion form, including attachments, shall be cause for rejection of application, if approval and appointment, or ordering of any other sanction allowed by rule,
Signature (in ink)	Date
Seal of Engineer (Stamp or ink replica)	
SUBSCRIBED AND SWO	ORN TO BEFORE ME this day of, Notary Public in and for The State of Texas
Return application to:	Texas Department of Insurance Engineering Services Mail Code 103-3A P. O. Box 149104 Austin, Texas, 78714-9104

For further information or questions, contact (512) 322-2212, or Fax (512) 463-6693.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at (512) 475-1757 or visit the Corrections Procedure section of TDI's web page at www.tdi.state.tx.us.