HLS/Cons-102 May 24, 2012

Wyoming Department of Health

Aging Division - Healthcare Licensing and Surveys 6101 Yellowstone Rd, Ste 186C, Cheyenne, WY 82002

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E-mail: WDH-OHLS@wyo.gov - Website: www.health.wyo.gov/ohls

Application to Qualify as Third-Party Plan Reviewer and/or Inspector

Application type:	Please type or print legibly in black ink the information requested below.								
Name: State: Zip code:	Application type:	☐ Pla	an Reviewer	Inspector I			Plan Reviewer and Inspector		
Mailing address: City:									
City:	Name:								
Fax number: ()	Mailing address:								
Signature of Owner, Corporate Officer, or Manager:	City:			State:		Z	Zip code:		
Employees Performing Services Provide names of all agents or employees working for this business and their ICC credential numbers, as appropriate to the application type. If necessary, attach sheet with additional names and numbers. Type Name ICC Certification Number Building Plans Examiner(s) Fire Plans Examiner(s) Mechanical Plans Examiner(s) Plumbing Plans Examiner(s) Commercial Building Inspector(s) Commercial Mechanical Inspector(s) All information provided on this application is accurate, and I have read and understand the HLS Plan Review and Inspection Policy.	1	()		Fax number:	()				
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