TPI CERTIFICATION EXAM REGISTRATION FORM

With this form, I request to take the certification examination(s) circled below. I understand that I may take no more than **two (2)** examinations on any one day.

NAME: _____ DATE: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email:_____ Telephone: _____

NOTE: Contact information of certified Third-Party Inspectors will be posted on the State Planning Office website.

NOTE: In accordance with 25 MRSA section 2371 subsection 6, a third-party inspector may not be appointed as a municipal building official.

MUNICIPALLY APPOINTED: ❑ YES ❑ NO

The following exams are offered on a quarterly basis. Once you have submitted this form you will be contacted to set up a time and place to take the exam. Please check the box of the exams that you need to take. Please note you can only take two (2) exams in one day.

Building Standards:

- ❑ residential building code
- ❑ residential energy code
- ❑ indoor residential ventilation code
- ❑ residential radon code
- ❑ commercial building code
- ❑ commercial energy code
- ❑ indoor commercial ventilation code

RETURN THIS FORM TO: **Executive Department**
State Planning Office
38 SHS, Augusta, ME 04333-0038

OR

FAX TO: (207) 287-6489