



**TEXAS DEPARTMENT OF INSURANCE**

**Regulatory Policy Division - Engineering Services Program (104-ENG)**  
 333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104  
 (800) 248-6032 | F: (512) 490-1043 | TDI.texas.gov | @TexasTDI



**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**  
**PERSONAL DATA**

NAME: \_\_\_\_\_  
Last First MI

TITLE OR POSITION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
St./P. O. Box City County State Zip Code

HOME MAILING ADDRESS: \_\_\_\_\_  
St./P. O. Box City County State Zip Code

**Which Address Should Be Used For Correspondence?**     **BUSINESS**     **HOME** (check one)

BUSINESS PHONE: (    ) \_\_\_\_\_ HOME PHONE: (    ) \_\_\_\_\_ SSN: \_\_\_\_\_

**PART II**  
**EDUCATION AND EXPERIENCE**

**Section A:** Current Texas Licensed Professional Engineer Information

Texas Registration Number \_\_\_\_\_ (Attach copy of current registration)  
 Field of Expertise \_\_\_\_\_ No. of years \_\_\_\_\_ months \_\_\_\_\_

**Section B:** College Education

| <u>College or University</u> | <u>City, State</u> | <u>Course/Major</u> | <u>Degree Earned</u> |
|------------------------------|--------------------|---------------------|----------------------|
| _____                        | _____              | _____               | _____                |
| _____                        | _____              | _____               | _____                |
| _____                        | _____              | _____               | _____                |

Other Education 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.

1. Have you designed structures and calculated wind loads for structures located in high wind areas?  Yes  No
2. What percentage of your work has been for the design of structures in high wind areas? \_\_\_\_\_%
3. How long have you been designing structures in high wind areas? Number of years \_\_\_\_\_ months \_\_\_\_\_

**Section D:** Verification of Qualifications and Licensing

I hereby swear and affirm, after having been duly sworn by the undersigned authority, that I have the requisite experience, education, or training in the design of structures in high wind areas to meet windstorm building requirements. I further hereby swear and affirm that I am currently licensed by the Texas Board of Professional Engineers and that my license is non-restricted.

I certify that the preceding statements, including attachments, are within my knowledge, true and correct, and I authorize the Texas Department of Insurance to verify the information. I further certify that I have not willfully violated any insurance law, rule, or regulation of the State of Texas, been found guilty of fraudulent or dishonest acts or been convicted of a felony. I understand that any falsification of information in this application form, including attachments, shall be cause for rejection of application, cancellation or revocation of approval and appointment, or ordering of any other sanction allowed by rule, regulation, or law.

\_\_\_\_\_  
Signature (in ink)

\_\_\_\_\_  
Date

**Seal of Engineer** *(stamp or ink replica)*

**SUBSCRIBED AND SWORN TO BEFORE ME** this \_\_\_\_\_ day of \_\_\_\_\_.  
*(seal of Notary)*

\_\_\_\_\_  
**Notary Public in and for  
The State of Texas**

**Return application to:**  
**Texas Department of Insurance**  
**Engineering Services Program**  
**Mail Code 104-ENG**  
**P. O. Box 149104**  
**Austin, Texas 78714-9104**

**For further information or questions, contact (800) 248-6032, or Fax (512) 490-1043.**

**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 General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*