

Application for Appointment as a Qualified Inspector

Form AQI-1

The information collected on this form is required under Texas Insurance Code Sections 2210.251-2210.2581 and 28 Texas Administrative Code Section 5.4609.

► Part 1: Personal information

Name _____
First name Middle name Last name

Title or position _____ **Employer** _____

Business address

Street address or route _____

City _____ State _____ ZIP _____

Home address

Street address or route _____

City _____ State _____ ZIP _____

Email address _____

Which address would you like us to use for correspondence? (check one) Business Home

Business phone _____ **Home phone** _____

► Part 2: Education and experience

Section A: Current Texas licensed professional engineer information

Texas registration number _____ **Field of expertise** _____

Number of years _____ **Number of months** _____

Section B: Education

College or university	City, State	Course/major	Degree earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section C: TDI orientation

Date attended TDI orientation _____

Section D: Other education or training

Course	Subject	Dates attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section E: Experience in the design of structures to meet windstorm resistant building requirements

1. Have you designed structures and calculated wind loads for structures 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 F: Signature

Signature

Date

Under Insurance Code Section 2210.256, if the commissioner finds that an appointed qualified inspector knowingly, willfully, fraudulently, or with gross negligence signed or caused to be prepared an inspection report that contains a false or fraudulent statement, the commissioner may, after notice and hearing, issue an order directing the appointee to pay a fine not to exceed \$5,000. Under Insurance Code Article 21.47, a person commits a felony offense if the person knowingly or intentionally makes, files, or uses any instrument in writing required to be made to or filed with the commissioner, either by the Insurance Code or by rule, when the instrument in writing contains any false, fictitious, or fraudulent statement or entry with regard to any material fact.

Return application by mail or email to:

Texas Department of Insurance
Engineering Services Program
P. O. Box 12030
Austin, TX 78711-2030

Email: Engineering@tdi.texas.gov

Questions? For more information or questions, call 800-248-6032, option 5, or email engineering@tdi.texas.gov.

Your rights: You can request information TDI has about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to request TDI to correct information that is not accurate. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be corrected, and (3) the reason or proof showing why the information is incorrect. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.