



Enforcement Professional Certification Renewal Application

Building Officials
Association of
Georgia

P.O. Box 1166
Tucker, Georgia 30085
770-318-0609 Phone
770-837-9696 Fax

Website:
www.boagcodes.org



Date: _____

Certification Number: _____ Expiration Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Current Certified Level and Trade: _____

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To continue to be recognized as a BOAG-certified Professional, you must complete 24 hours of continuing education within your two year renewal period.

Once you have completed 24 hours of continuing education, please fill out the form on the reverse side and send it to BOAG along with proof of completion for all continuing education you have completed and the \$ 20 renewal fee as indicated.

Please note, if you renew after your expiration date you will have to pay a late fee (see reverse side "Renewal Fees").

Maintaining your certification demonstrates your commitment to professionalism. We hope you choose to remain BOAG certified and continue to work with the *Building Officials Association of Georgia* to promote building safety for the protection of life, health and property of the citizens of Georgia.

Course listing and renewal form

Course Title: _____ Date: _____ Provider: _____ CEUs: _____

Total CEUs: _____ (*24 hours*) 2.4CEUs necessary to renew

Renewal Fees:

\$ 20 prior to expiration date

\$ 30 up to 60 days after expiration date

\$ 60 up to 6 months after expiration date

***** Note: Only have 6 months after expiration to collect CEUs for renewal *****

Total Enclosed: \$ _____ [] Check in US Funds (please make payable to BOAG Certification Program)

Address Change?

[] Check if new address — write new address on front page, indicate old address below.

Old Address: _____

I accept and agree to adhere to the Building Officials Association of Georgia's (BOAG) Code of Ethics. I certify that the information contained on this renewal form is true, complete and correct to the best of my knowledge and is made in good faith. I agree to release to BOAG any information relevant to my re-certification. I further understand if any of this information is later determined to be false, the Building Officials Association of Georgia reserves the right to revoke any certification that has been granted on the basis hereof. I further understand that BOAG certification does not certify or in any way guarantee the quality of my work as a BOAG-certified Professional. I therefore agree to indemnify and hold harmless BOAG, its officers, directors and staff from any claims due to negligence, omission or faulty advice that I may give to any person as a BOAG-certified Professional. I understand that BOAG is not responsible for any actions or damages from any person arising out of my work as a BOAG-certified Professional.

Date

Social Security Number

Signature

Notary Public

UNSIGNED AND UN-NOTARIZED FORMS CANNOT BE RENEWED

Please return completed form to BOAG

Attn: ***"Certification Renewal"***, P.O. Box 1166, Tucker, Georgia 30085