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| SSPC USE ONLY |
| Date Received: |
| Signature: |

BCI – JOB NOTIFICATION FORM

Coatings Inspection Training and Certification for the Bridge Industry (BCI)

| | | | |
|----------------------|--|-------------|--|
| Name: | | | |
| Company Name: | | | |
| Address: | | | |
| Phone: | | Fax: | |
| E-Mail | | | |

BCI Inspector Information:

Project/Job Information:

| | | | |
|---|---|---------------------------------|--|
| Project Location: | | | |
| Nearest Airport: | | | |
| Your inspection duties and responsibilities on this project: | | | |
| Type of Inspection: | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Project Oversight <input type="checkbox"/> Other | | |
| Structure Type: | | If Bridge List ID#: | |
| Work Start Date: | | Projected Work End Date: | |
| Projected No. of Hrs Worked: | | | |

Facility Owner, Bridge or Structure Owner:

| | | | |
|--------------------------|--|-------------|--|
| Company Name: | | | |
| Point of Contact: | | | |
| Phone: | | Fax: | |
| E-Mail: | | | |

BCI Inspector's Official Signature

Date

Print Name