



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