

Certification Renewal - Personal Information

Name _____

Certification Number _____

Address, City, State ZIP _____

Phone _____

Email _____

Certification Level (1-5) _____

Continuing Education Course Listing

Date Taken	Course Description	Provider	CEUs
Total CEUs (2.4 required to renew certification)			

Affidavit

I accept and agree to adhere to the Building Officials Association of Georgia's (BOAG) Code of Ethics. I certify that the information contained in this application is complete and correct to the best of my knowledge. I agree to release to BOAG any information requested relevant to my certification renewal. I further understand that if any of the information provided by me herein is later determined to be false or fraudulent, BOAG reserves the right to revoke any certification granted on the basis hereof. I understand that BOAG certification does not certify or guarantee in any way the quality of my work performance 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 from my work as a BOAG certified professional.

Printed Name of Applicant

Signature of Applicant

Last Four SS#

Date

Please returned signed document to Joel Rodriguez, Certification Committee Chairman at

BOAG

P.O. box 697

Snellville, GA 30078

Misty.roth@outlook.com

Renewal Fees

\$20 if renewed prior to expiration date

\$40 if renewed after expiration date