



Peer Reviewer Registration Form

Last Name: _____ First Name: _____ MI: _____

Firm: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Virginia License Number: _____ Architect P.E. Expiration Date: _____
(attach a copy of your license with this registration form)

Peer Reviewer number: _____ (for peer reviewers seeking additional certification)

ICC Certifications:

	Peer Reviewer Designation	ICC Certifications Required	Date Issued
Commercial	Building	Building Plans Examiner	
		Accessibility Inspector/Plans Examiner	
	Mechanical	Mechanical Plans Examiner	
		Commercial Energy Plans Examiner	
	Plumbing	Plumbing Plans Examiner	
		Accessibility Inspector/Plans Examiner	
	Electrical	Electrical Plans Examiner	
		Commercial Energy Plans Examiner	
Building, residential	Residential Building Inspector		
	Residential Energy Inspector/Plans Examiner		

(attach a copy of your ICC examination results and ICC certifications with this registration form)

for County use only

Peer Reviewer Number: _____

Date Issued: _____

Initial Training Date: _____