



Development Services

320 E. JEFFERSON, DALLAS, TX 75203
(214) 948-4480

SELF-CERTIFICATION PROFESSIONAL REGISTRATION APPLICATION

Professional Name
Address
City, State, Zip Code
Email
Phone Number

I hereby certify I have read and understand the City of Dallas Self-Certification Rules and Regulations and requirements. This letter serves as an acknowledgment of my participation in the City of Dallas Self-Certification Program. By signing this document, I affirm that I possess the required minimum level of experience and knowledge to perform self-certify plan review compliance as outlined by the City of Dallas codes, ordinances, and standards.

I confirm that I meet the aforementioned criteria and possess the necessary qualifications to review and certify plans within the City of Dallas. I acknowledge that any misrepresentation of qualifications may result in the revocation of my certification and could lead to legal consequences.

I, _____ (Self-Certified Professional) acknowledge my responsibility to comply with all relevant local, state, and federal laws and regulations governing building permits in the City of Dallas. Any violation may result in the revocation of my self-certification provider status.

I, _____ (Self-Certified Professional) certify that all information and documentation submitted during the Self-Certification registration process are true, accurate, and complete to the best of my knowledge. I understand that providing false information may result in penalties and the termination of my registration.

I, _____ (Self-Certified Professional) agree to indemnify and hold harmless the City of Dallas, its officers, employees, and agents from any and all





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claims, liabilities, damages, costs, and expenses arising out of or related to any inaccuracies or deficiencies in the information provided by me during the self-certification process.

I, _____ (Self-Certified Professional) will exercise a professional standard of care in the preparation, completion, and submittal of all associated documents and I am aware that the Building Official of the City of Dallas will rely upon the truth and accuracy of this statement as the basis for Self-Certification Registration. If it is determined by the City of Dallas that any submitted plans/sealed plans under this Self-Certification registration number do not conform to such laws, I agree to immediately take all remedial measures within my control, to meet their requirements.

The Self-Certified Professional shall submit the following information:

1. Self-Certification Professional Registration Application
2. \$500.00 nonrefundable application fee
3. Statement of qualifications
4. Resume indicating relevant work history
5. Copies of:
 - a. Texas Professional Engineer's license; or
 - b. Texas Registered Architect license; or
 - c. International Code Council Building Official Certification
6. Self-Certified Professional Employee Training and Experience Verification Form

Professional Name: _____

Signature: _____

Title: _____

Date: _____





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SELF-CERTIFICATION DESIGNATION OF PROFESSIONAL IN CHARGE

This document shall accompany the Self-Certified Professional Registration Application.

Self-Certified Professional Name
Address
City, State, Zip Code
Email
Phone Number
City of Dallas Certification Registration #

Professional-In-Charge Qualifications

The Professional in Charge shall function as a direct liaison between the City of Dallas and the Self-Certified Professional and its employees/agents. The Professional in Charge shall submit the following information at the same time the Self-Certified Professional Application is submitted:

1. Statement of qualifications
2. Resume indicating relevant work history
3. Copy of the Professional Engineer's license
4. Self-Certified Professional Employee Training and Experience Verification Form

Acknowledgment and Agreement

I, _____ acting as a Registered Self-Certified Professional in good standing hereby assign and delegate _____ to serve as the Professional in Charge and the Technical Point of Contact. I understand that I am ultimately responsible for ensuring compliance with all regulations related to the Self-Certification Program and have confirmed that my designee meets the minimum experience, licensing, certifications, and knowledge to act as such. I further understand that my delegate will act as the primary contact for communication and coordination with





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the Building Official. I understand that any changes to the designated individuals must be promptly communicated to the Building Official. Failure to do so may result in the suspension or revocation of my Self-Certification Professional status.

Self-Certified Professional Name: _____

Signature: _____

Title: _____

Date: _____

Self-Certified Professional In-Charge Name: _____

Signature: _____

Title: _____

Date: _____



SELF-CERTIFICATION PROFESSIONAL TRAINING REGISTRATION AND EXPERIENCE VERIFICATION FORM

This form shall be submitted along with the Self-Certification Registration Application.

The City of Dallas Self-Certification Training Class is a prerequisite to become a Self-Certified Professional. This Form shall be submitted by each Self-Certified Professional. Participants will receive an overview of the Self-Certification Program requirements and building permit submittal processes. The training reinforces that the participant is fully responsible for all aspects of a self-certification project including the plan review and compliance with the City of Dallas codes and requirements. Please be aware completing the application does not guarantee enrollment in the Self-Certification Training Class. Finally, this form will allow the Building Official to confirm my experience requirements as Self-Certified Professionals.

Program Components

1. **Apply** Submit Self-Certification Application. Submit Self-Certification Training Registration Form to reserve your space in upcoming training classes. The date and times are listed on the City of Dallas [Development Services Calendar](#).
2. **Training Delivery** In-person attendees will be required to sign in and sign out and virtual attendees shall have reliable high-speed internet connection and appropriate technology to observe and participate in a TEAMS meeting and access websites. Participants who miss more than 30 minutes of the program will not be considered to have successfully completed the Training Class.
3. **Self-Assessment Mechanism** All attendees will receive pdf of the City of Dallas manual and requirements.
4. **Payment** All registration applications and training course fees are nonrefundable. Admitted training applicants will be notified by email and provided with an invoice to pay the registration fee online or at the Development Services Department of the City of Dallas.
5. **Fees** A \$500.00 Annual Registration Fee will be assessed for each Self-Certified Professional. A \$200.00 Annual Registration Fee will be assessed for each additional registered employee working under the oversight of Self-Certified Professional providing plan review services. A \$200.00 Annual DSD Training Session for each Self-Certified Professional and each registered employee.





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6. Registered & Licensed Design Professionals Texas Registered Architects, Texas Licensed Engineers, and Certified International Code Council (ICC) Building Officials, who have been responsible for ensuring code compliance for a minimum of three (3) years may be eligible to participate in the Self-Certification Program. During that period, the professional must have been:

- ❖ A licensed professional responsible for compliance of the City of Dallas adopted codes, ordinances, and standards, and licensed to seal project drawings or;
- ❖ A certified ICC Building Official responsible for review/inspection of compliance of the City of Dallas adopted codes, ordinances, and standards.

Self-Certified Professional Registration Information

Full Name: _____ Title: _____

Business/Organization Name (if applicable): _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email: _____

Self-Certified Professional Licenses, Certifications, and Experience Information

Please provide details about your related certifications, licenses, and experience. (Include Copies)

1. Certification or License Type: _____

Certification or License Number: _____

Issuing Authority: _____

Expiration Date: _____

2. Certification or License Type: _____

Certification or License Number: _____

Issuing Authority: _____

Expiration Date: _____





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3. Certification or License Type: _____
 Certification or License Number: _____
 Issuing Authority: _____
 Expiration Date: _____
4. Certification or License Type: _____
 Certification or License Number: _____
 Issuing Authority: _____
 Expiration Date: _____
5. Certification or License Type: _____
 Certification or License Number: _____
 Issuing Authority: _____
 Expiration Date: _____
6. Certification or License Type: _____
 Certification or License Number: _____
 Issuing Authority: _____
 Expiration Date: _____
7. Certification or License Type: _____
 Certification or License Number: _____
 Issuing Authority: _____
 Expiration Date: _____

Insert the number of years of experience in each of the applicable categories.

<u>Plan Review or Design</u>	Building	Plumbing	Electrical	Mechanical	Energy/Green	Fire	Fire Alarm/Fire Sprinkler
<u>Indicate Years of Experience</u>							





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Terms and Conditions:

By submitting this form, I _____ acknowledge and agree to the following:

- ❖ I meet the minimum experience requirements outlined in the Self-Certification Program as a Self-Certified Professional.
- ❖ I understand that the nonrefundable \$500.00 Annual Registration / \$200.00 Renewal Fee is mandatory for maintaining my status as a Self-Certified Professional.
- ❖ Late payments may result in penalties, suspension, or revocation of my professional status.
- ❖ I am responsible for ensuring that my contact information is up to date for receiving notifications and reminders.
- ❖ I have read and understand all of the requirements of Self-Certification Program.

Declaration:

I hereby declare that the information provided is accurate and complete. I understand that any false statements may result in the rejection of my application.

Applicant's Signature: _____ Date: _____

Please return a signed copy of this Training Request along with a complete Self-Certification Program application to the Building Official at:
Development Services Department
320 E Jefferson, Room 115
Dallas, TX 75247

