

Inspector Information Questionnaire

Please complete this form in its entirety and return to BCD ASAP.

First Name:		Email:	
Last Name:		DL No.:	
St. Address:		Phone:	
Apt. No.:		Cell:	
City:		SS No.:	
State:		Date of Birth:	
Zip:		Spouse Name:	
Country:		Spouse Cell:	

Experience Level

<p>* <u>Experience Level Definitions:</u></p> <p>Level 1 = No experience with this equipment Level 2 = Familiar (e.g., 1 or 2 jobs per year) Level 3 = Somewhat experienced (e.g., 1 job every 2 or 3 months) Level 4 = Experienced, maintain active orders year round Level 5 = Extensive experience, primary area of expertise</p>		
Equipment	Experience *1 ~ 5	Vendors Inspected (list primary vendors visited for each type of equipment. Text fields will expand as needed)
Pressure Vessels		
Columns		
Towers		
Clad vessels		
Alloy vessels		
Heat Exchangers		
Fin Fan Coolers		
Heaters		
Boilers		
Centrifugal Pumps		
Reciprocating Pumps		
Diaphragm Pumps		
Screw Pumps		
Power Recovery Turbine		
Turbo Expander		
Centrifugal Compressors		

BCD Inspection Services LLC

Inspection & Expediting Services

Reciprocating Compressors		
Screw Compressors		
Diaphragm Compressors		
API Lube Oil Systems		
Turbines – Gas		
Turbines – Steam		
Motors < 200HP		
Motors > 200HP		
Generators		
Transformers		
Switchgear		
Motor Control Centers		
Electric Cables		
Instrument Control Panels		
Minor Instrumentation		
Major Instrumentation		
Pipe valves & Fittings		
Control Valves		
Cranes, Hoists & Winches		
Cathodic Protection		
Paint Systems		

NDE Experience	Level	Perform	Witness	Certification Expires
RT				
RT Film Interpretation				
MT				
PT				
UT				
VT				

AWS Certified? Yes/No _____

Type of Certification _____ Certification No: _____ Expiration: _____

NACE Certified? Yes/No _____

Level of Certification _____

BCD Inspection Services LLC

Inspection & Expediting Services

API Certified? Yes/No _____

Type of Certification _____ Certification No: _____ Expiration: _____

Type of Certification _____ Certification No: _____ Expiration: _____

Type of Certification _____ Certification No: _____ Expiration: _____

Type of Certification _____ Certification No: _____ Expiration: _____

International Experience

Passport No. _____ Expiration Date: _____ Citizenship: _____

Please explain the extent of your international experience (if applicable).

Workers Compensation

Do you carry Workers Compensation Insurance? Yes/No _____

IMPORTANT: Please include the following attachments when returning this form to BCD: **

- **Copies of NDE, AWS, NACE, API Certifications**
- **Copy of Driver's License (Front & Back)**
- **Copy of Auto Insurance Certificate**
- **Visual Acuity last tested using Jaeger and Ishihara charts**
- **Copy of most recent eye exam**
- **Latest Resumé**
- **Copy of Workers Compensation Certificate**

**** If certifications are not current, send copies of expired certifications**