



# CMM Supplemental Application



# OBOA

ONTARIO BUILDING OFFICIALS ASSOCIATION

## Building Official

### A. Building Official Specialist

		Completed	Documented
ALL	1. Certified Building Code Official (CBCO) (any stream or Generalist)	<input type="checkbox"/>	<input type="checkbox"/>
	2. OBOA Training/Occupational Skills Training (Minimum 72 hours)	<input type="checkbox"/>	<input type="checkbox"/>
	3. <b>Employment Experience:</b> 5 years Ontario Building Code enforcement experience	<input type="checkbox"/>	<input type="checkbox"/>
Title _____	Employer _____	Start _____ To _____	Month/year Month/year
Title _____	Employer _____	Start _____ To _____	Month/year Month/year

\*Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

\*\* Provide detail if additional positions

### B. Building Official Professional (above requirements and CMM I)

		Completed	Documented
ALL	1. Certified Building Code Official (CBCO) (any three streams or Generalist)	<input type="checkbox"/>	<input type="checkbox"/>
	2. OBOA: Training/AMTS/Annual Conference/Leadership Workshop (Minimum 144 hours – any combination)	<input type="checkbox"/>	<input type="checkbox"/>
	3. <b>Employment Experience:</b> 8 years Ontario Building Code enforcement experience	<input type="checkbox"/>	<input type="checkbox"/>
Title _____	Employer _____	Start _____ To _____	Month/year Month/year
Title _____	Employer _____	Start _____ To _____	Month/year Month/year

\*Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

\*\* Provide detail if additional positions

### C. Building Official Executive (above requirements and CMM III)

		Completed	Documented
1.	College Diploma/Certificate/University Degree (job related) add examples (or equivalent) (Minimum 5 courses or 150 hrs total)	<input type="checkbox"/>	<input type="checkbox"/>
2.	<b>Employment Experience:</b> 10 years (Management of Building Code Enforcement)	<input type="checkbox"/>	<input type="checkbox"/>
Title _____	Employer _____	Start _____ To _____	Month/year Month/year
Title _____	Employer _____	Start _____ To _____	Month/year Month/year

Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

\*\* Provide detail if additional positions



**New applicants must attach their CMM Application  
Complete all sections for accurate evaluation**



D. 1. Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Title: \_\_\_\_\_ Department: \_\_\_\_\_

2. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. **Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

4. **OBOA Member**  Yes  No **\*\*OBOA Membership Required to Apply\*\***

5. Witness: a) Municipal Official (OBOA Member): \_\_\_\_\_ b) Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_

\*Witness identity only – not verification of content.

**Fee: \$255 (includes CMM & OBOA Enhancement) HST Exempt.**

Cheque payable to OMMI or pay by VISA/MC \_\_\_\_\_ Exp \_\_\_ / \_\_\_ CVV: \_\_\_\_\_  Corp  Personal

Name on Card: \_\_\_\_\_

Mail/Courier application to 618 Balmoral Drive, Oshawa, ON L1J 3A7

Office Use