



Peer Reviewer Application Form

Last Name: _____ First Name: _____ MI: _____

Peer Review Provider: _____

Street: _____ Suite: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

Georgia Registration Number: _____ Architect P.E. Expiration Date: _____
(Attach a copy of your state certificate with this application form)

Peer Reviewer Number: _____ (For Peer Reviewers seeking additional approved disciplines)

Check each discipline below for which you would like to provide peer review services. For each discipline selected, briefly describe your level of experience and any relevant certifications you hold

Structural Building: _____

Non-Structural Building: _____

Fire and Life Safety: _____

Accessibility: _____

Fire Protection Systems: _____

Reviewer Signature _____ Date _____

Would you prefer to receive your Peer Reviewer Number by Email Mail

Attach a copy of your state architect or P.E. certificate and proof of insurance requirement satisfaction, pursuant to the Peer Review Policy Manual

Complete and mail this form, or submit in person to:

Expedited Commercial Plan Review Program
330 West Ponce de Leon Avenue
Decatur, GA 30030
Suite 200

<p>For County Use Only</p> <p>Peer Reviewer Number: _____</p> <p>Date Issued: _____</p>

Or email to expeditedplans@dekalbcountyga.gov