

INSTRUCTIONS: Please complete, sign, notarize, and return this form to Code Development at code.development@houstontx.gov.

New Registration Renewal

1. Company Name: _____

2. Plant street address and telephone number:

_____ (____) _____
Address Phone Number

_____ _____ _____ _____
City State Zip Code Email Address

3. Mailing address:

_____ _____ _____
City State Zip Code

4. Official(s) to be contacted, telephone number(s).

_____ (____) _____
Official's Name Phone Number

_____ (____) _____
Official's Name Phone Number

5. How many years has your organization been in the fabricating business? _____

6. How many years has your organization been in business under its present name? _____

7. Does your organization also provide erection on site? Yes No

8. If a corporation,

(a) Date of incorporation: _____

(b) State of incorporation: _____

(c) Names of current principal officers: _____

9. If an individual or a partnership, answer the following:

(a) Date of organization: _____

(b) Name and address of all partners (Circle whether general or limited partnership).

_____ _____ General/Limited
Name Address

_____	_____	General/Limited
<i>Name</i>	<i>Address</i>	
_____	_____	General/Limited
<i>Name</i>	<i>Address</i>	
_____	_____	General/Limited
<i>Name</i>	<i>Address</i>	

10. List products produced in your plant.

a. _____	e. _____
b. _____	f. _____
c. _____	g. _____
d. _____	h. _____

11. Is all work performed in your plant?

Yes No. What part is produced outside of your plant and by whom? _____

12. On a separate sheet, submit an organization chart for plant and administration.

13. On a separate sheet, list the experience of the key individuals in your organization.

14. Attach copies of certification and/or accreditation of your plant facilities such as PCI, ICC, IAPMO, AISC, AITC, SPIB and other nationally recognized quality assurance agencies.

15. Name of the Approved Certifying Agency that will inspect your plant. _____

All fabricated members will bear the manufacturer's name and be visible for the field inspector to see when it is in the erect position. It is the Fabricator's responsibility to recertify each year within 30 days prior to the expiration date.

Applicant Name (*Print*)

Telephone Number

Applicant Signature

Date

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20 ____ .

NOTARY PUBLIC

Notary Public's Stamp or Seal: