

INSTRUCTIONS: Please complete, sign, notarize and return this form to the City of Houston.

1. Company Name. _____

2. Plant street address and telephone number.

Address

(____)_____
Phone Number

City

State

Zip Code

Email Address

3. Mailing address

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 at 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).

Name

Address

General/Limited

Name

Address

General/Limited

Name

Address

General/Limited

Name

Address

General/Limited



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 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 manufacturers 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:

