

FABRICATOR QUALIFICATION STATEMENT

INSTRUCTIONS: Please complete, sign, notarize and return this form to the City of Houston. Company Name. 1. 2. Plant street address and telephone number. Address City State Zip Code Email Address 3. Mailing address Address City State Zip Code Official(s) to be contacted, telephone number(s). 4. Official's Name (____) ____ Phone Number Official's Name How many years has your organization been in the fabricating business? 5. 6. How many years has your organization been in business under its present name? 7. Does your organization also provide erection at site? \Box Yes \square 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 Address Name _____ General/Limited Name Address General/Limited Name Address



Name





_____ General/Limited

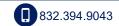
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Address



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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 an	d by whom?	
12.	On separate sheet, submit an organization cha	rt 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.			
to s	fabricated members will bear the manufacture when it is in the erect position. It is the Fain 30 days prior to the expiration date.			
Applicant Name (Print)			Telephone Numbe	r
Applicant Signature			Date	
SWORN TO AND SUBSCRIBED BEFORE ME this		day of		, 20
		NO ⁻	TARY PUBLIC	
	Notary Public's Stamp or Seal:			



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