

**INSTRUCTIONS:** Please complete, sign, and return this form to Maher Khansa at [maher.khansa@houstontx.gov](mailto:maher.khansa@houstontx.gov).

1. Name of firm/corporation or person. \_\_\_\_\_

2. Office street address, telephone number and email.

\_\_\_\_\_  
*Address*

(\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Email*

3. Mailing address (if different from office).

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

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

\_\_\_\_\_  
*Official's Name*

(\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Official's Name*

(\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Official's Name*

(\_\_\_\_) \_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Official's Name*

(\_\_\_\_) \_\_\_\_\_  
*Phone Number*

5. How many years has your organization been in the special inspection business? \_\_\_\_\_

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

7. If a corporation,

(a) Date of incorporation: \_\_\_\_\_

(b) State of incorporation: \_\_\_\_\_

(c) Names of principal officers: \_\_\_\_\_

8. 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).

_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited
_____ <i>Name</i>	_____ <i>Address</i>	<input type="checkbox"/> General <input type="checkbox"/> Limited

9. List the type of inspections performed by your firm.

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

10. List the names and experience of the key individuals in your organization.

a. _____	i. _____
b. _____	j. _____
c. _____	k. _____
d. _____	l. _____
e. _____	m. _____
f. _____	n. _____
g. _____	o. _____
h. _____	p. _____

11. Attach copies of certification and/or accreditation of your special inspectors such as PCI, ICC, IAPMO, AISC, AITC, SPIB and other nationally recognized quality assurance agencies. Also list all Texas Registered Professional Engineers and their registration number.

a. _____	c. _____
b. _____	d. _____

12. Please have the Texas Registered Professional Engineer sign, seal and date this form.

\_\_\_\_\_  
*Texas Registered Professional Engineer Signature*

\_\_\_\_\_  
*Date*

(SEAL)

