



### FABRICATOR QUALIFICATION STATEMENT

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

**FORM A**

1. Company Name. \_\_\_\_\_

2. Plant street address and telephone number.

_____	(____) _____
<i>Address</i>	<i>Phone Number</i>
_____	_____
<i>City</i>	<i>State</i> <i>Zip Code</i>
_____	_____
	<i>Email Address</i>

3. Mailing address

\_\_\_\_\_

*Address*

\_\_\_\_\_

*City*                      *State*              *Zip Code*

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

_____	(____) _____
<i>Official's Name</i>	<i>Phone Number</i>
_____	(____) _____
<i>Official's Name</i>	<i>Phone Number</i>

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).

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

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- 10. List products produced in your plant. a. b. c. d. e. f. g. 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: