APPLICATION FOR APPROVAL OF THIRD PARTY CONSTRUCTION INSPECTION AGENCY FOR MODULAR BUILDING UNITS INSTRUCTIONS

No person shall act as a Construction Inspection Agency (CIA) in the State of Tennessee without first having obtained a valid letter of approval from the Department.

Important!! Please Read and Follow Instructions!!

All items on the form MUST be completed prior to mailing application. If an item does not apply, simply put N/A or None in that space. Any blank spaces will result in a delay in processing.

This form MUST be processed as prescribed above. Any deviation from the process WILL result in a delay in processing.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190.
APPLICATION FOR APPROVAL OF THIRD PARTY CONSTRUCTION INSPECTION AGENCY FOR MODULAR BUILDING UNITS
(Pursuant to Tennessee Code Annotated, Title 68, Chapter 126, Part 3)

DIRECTIONS: This application must be fully completed and accompanied by the appropriate fees. Please make check or money order payable to:

The State of Tennessee, Department of Commerce and Insurance.

Any false statement or material misrepresentation on this application shall be cause for denial, suspension, or revocation of license.

☐ $500.00 Non-refundable Application Fee

1. Name of Firm: ________________________________________________________________

2. Office Location: ________________________________________________________________

   (Street or P. O. Box)

   (City)   (State)   (Zip Code)   (County)

3. Telephone: ( ) __________________ Fax: ( ) __________________

   E-Mail Address: ________________________________________________________________

4. Mailing Address: ________________________________________________________________

   (Street or P. O. Box)

   (City)   (State)   (Zip Code)   (County)

5. Doing Business as: ☐ Individual ☐ Partnership (LLC) ☐ Corporation / Incorporation

6. If Individually Owned: ____________________________

   (Print or Type Full Name of Owner)
7. If Partnership (LLC): _______________________________________________________
   (Print or Type Full Names of Partners)
   _______________________________________________________
   (Print or Type Full Names of Partners)

8. If Corporation / Incorporation: _________________________________________
   (Print or Type Full Names of Each Officer)  (Title)
   _________________________________________
   (Print or Type Full Names of Each Officer)  (Title)
   _________________________________________
   (Print or Type Full Names of Each Officer)  (Title)

9. Describe your qualifications, to inspect equipment, systems, and construction of Modular
    Building Units and/or Components for compliance with the standards: ________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

10. List the education, qualifications, and certifications of the employees who will conduct the
    actual in-plant inspections of Modular Building Units and/or Components for compliance
    with the standards. (Additional sheets may be required to be attached to this application).
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

11. Describe your experience in “Third Party” construction inspection: ________________
    __________________________________________________________________________
    __________________________________________________________________________
    __________________________________________________________________________

12. Describe your Firm’s Organizational Structure: ________________________________
    __________________________________________________________________________
    __________________________________________________________________________
13. Describe the relationship which you would establish with Approved Design Review Agencies to ensure that Modular Building Units and/or Components are produced in accordance with the standards:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. List all other Modular Licenses, Registrations or Approvals currently held in other State Programs:

(State)  (Description)
______________________________________________________________
(State)  (Description)
______________________________________________________________
(State)  (Description)
______________________________________________________________

15. Has your firm ever been involved in any disciplinary proceedings affecting your Licenses, Registrations or Approvals in any other State Modular Building Program?

☐ Yes  ☐ No

If yes, provide complete details:

________________________________________________________________________
________________________________________________________________________

16. Certifications by Applicant:

I/We certify that I/We will not authorize the attachment of any Modular Certification Labels to any Modular Building Units and/or Components for the State of Tennessee, which do not comply with all of the requirements of Tennessee Code Annotated, Title 68, Chapter 126, Part 3, (Modular Building Act) and Chapter 0780-2-13 (Modular Building Units) of the Rules and Regulations of the State of Tennessee.

I/We further certify that no person(s) affiliated with this firm, in any capacity, is employed by a Manufacturer of Modular Building Units or owns any interest in any such manufacturing business.

Signature: _____________________________  Date: _____________________
Print Name: _____________________________  Title: _____________________

Notes:

a. All information must be completed before a Letter of Approval can be processed and issued.
b. All Approvals shall expire on June 30th of each year.
c. The Department of Commerce and Insurance shall be notified in writing of any change in the information furnished on this application within thirty (30) days of such change.

All items MUST be completed prior to mailing application. If an item does not apply, simply put N/A or None in that space. Any blank spaces will result in a delay in processing.