



Commonwealth of Massachusetts

Manufactured Buildings Program

Application for Third Party Inspection Agency (TPIA)

780 CMR 110.R3 - *The Rules and Regulations for Manufactured Buildings, Building Components and Manufactured Homes* requires Third Party Inspection Agencies to be certified (as approved) in order to perform inspections and evaluations of building systems, compliance assurance programs, manufactured buildings and building components on behalf of the Commonwealth for the manufactured buildings program. This application shall be completed annually to renew said certification. Please complete this application fully. If you have any questions regarding the application process, please call (617) 826-5225.

Name of Third Party Inspection Agency (TPIA)		Massachusetts Approval Number	
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Date of Application:	Amount of Fee: \$500.00	Check #
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Corporate Headquarters:	
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Contact Person:	
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Address:	
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Telephone: ()	Fax: ()	Email:
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Please update all information as requested below.

Name of Directors:

List all directors separately, noting qualifications.

No.	Name of Director	Qualifications (Registered Architect or Engineer) Please indicate discipline and state(s) where registered.	Years of service with TPIA.

Name of Current Employees:

List all employees separately, noting qualifications.

No.	Name of Employee	Qualifications (Registered Architect or Engineer) Please indicate discipline and state(s) where registered.	Years of service with TPIA.	Is this a change from last renewal?	Is the employee full-time or part-time?	Is the employee on contract or on the company's payroll?

Each third party inspection agency (TPIA) must provide an outline of general procedures for the supervision of inspectors and evaluators including methods of checking and evaluating their work. Has your company submitted such general procedures? If no, please attach procedures to this application.	Yes	No	Please indicate the date of the latest revision to your company's general supervisory procedures.
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Please indicate the codes to which in-plant, manufactured building product inspections are made, citing reference year and edition.	Building	Plumbing	Mechanical	Electrical	Handicapped Access	Other

Describe the frequency with which personnel from your agency perform in-plant inspections of the manufacturers under your care and control. List each plant separately and provide reasons for the inspection patterns. (Please make additional copies of this page if it is necessary to list all manufacturing plants under your company's care.)

Manufacturing Plant Name	Plant Address	Frequency of Inspection	Reasons

Fees: Certification renewal fees shall be \$500.00 each year. Please make checks payable to the Commonwealth of Massachusetts.

Attestation: All information provided on this application is true and accurate to the best abilities of this agency.
 Signature of General Manager: _____ Date: _____

**Mail completed applications along with all required attachments to:
 Office of Public Safety & Inspections**

1000 Washington Street, Suite 710
 Boston, MA 02118
 Attention: Linda Shea
 617-826-5225
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