THIRD PARTY INSPECTION CERTIFICATION
(Complete and return to the Building Codes Bureau)

The undersigned, being an official of (Firm) __________________________________________
(Address)_____________________________________________________________________

Phone:__________________________, does hereby certify and agree to the following:

A. To provide for the inspection of Factory-Built Buildings manufactured by
(Firm)________________________________________________________________________
(Address)______________________________________________________________________

Phone:_____________________________, for compliance with all Codes as relating to Factory-Built
Buildings as adopted by the State of Montana.

B. That the inspecting firm is not, and will not be, under the control or jurisdiction of any supplier,
manufacturer or dealer, except by a contract for quality control and/or inspections of units for compliance
with standards listed in A.

C. To provide a list of specific products, by model designation, which are being inspected for compliance.
Plans for models meeting all code requirements must be on file in the Building Codes Bureau before
insignias will be authorized for attachment to them.

D. To cause reports to be made to the Building Codes Bureau at least quarterly indicating the level of
quality control within the manufacturer’s plant, the methods and frequency of plant inspections, and the
names of personnel making the inspections.

E. That as a third party inspection agency, said firm shall be monitored by the Building Codes Bureau
which shall also inspect and monitor manufacturers, dealers and installers regarding compliance with
applicable standards and regulations of the State of Montana. Bureau recognition of third party inspection
firms may be suspended or revoked for cause.

F. Submit documentation qualifying you and/or your company as a Third Party Inspector with this
application (i.e. qualifying inspection certifications, licenses, etc.).

Signed_____________________________Title____________________Date______________
Printed Name: ________________________________________________________________

For Bureau Use:
Approved  Not Approved
Date:________________________________________
By:__________________________________________