**Sample**

**Special Inspection and/or Testing Agency**

**Initial or Renewal of [JURISDICTION] Approval Listing**

Agency Name:

Contact Name/Title:

Address:

Telephone: Fax:

Business Type:

Fees:

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ |  Initial Listing or Reinstatement |  **[AMOUNT]** |  $  |
| ❑ | Annual Renewal |  **[AMOUNT]** |  $  |

❑ Approved Inspectors **[AMOUNT]** each  $

Total Amount submitted  $

Address this application to:

**[NAME OF JURISDICTION]**

**[ADDRESS OF JURISDICTION]**

A check or money order shall be submitted with each application. Check should be made payable to **[NAME OF JURISDICTION]**.

One copy of detailed data (to include a quality control manual for initial listing) shall also be submitted with this application.

Applicant signature: Date: