

REQUEST FOR AN ASSIGNMENT OF AN INSPECTOR

PROJECT NAME:			
PROJECT ADDRESS:			
PAINTING CONTRACTOR			
NAME:			
ADDRESS:			
CONTACT:		PHONE:	
CONTACT.	FAMIL () THORE.	
	EMAIL:		
SDECIEVING	G AUTHORITY		
ĺ			
NAME:			
ADDRESS:			
CONTACT:		PHONE:	
	EMAIL:		
GENERAL C	ONTRACTOR		
NAME:			
ADDRESS:			
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CONTACT:		PHONE:	
	EMAIL:		

2800 Ingleton Ave. Burnaby BC V5C 6G7





OWNER/REP			
NAME:			
ADDRESS:			
TT: PHONE:			
EMAIL:			
SPECIAL COMMENTS			
CONTRACT PRICE: NEW: REPAINT:			
APPROX. START DATE: APPROX. DATE OF COMPLETION:			
Please note that an additional charge of \$100.00 per hour may be billed to the current Painting Contractor for extra/excessive final follow-			
up inspections. We also reserve the right to reject any inspection job. MPDA Guarantee applies to MPDA Members only.			
TO BE COMPLETED BY THOSE RESPONSIBLE FOR PAYMENT OF INSPECTION			
The undersigned contractor or firm agrees to pay M.P.D.A. Specification Services Inc. a fee of 5% of the painting contract price shown above (plus			
applicable taxes) for the projects in the Lower Mainland for the inspection services to be rendered by the inspection agency assigned. If the cost of the contract is less than \$8000.00 a minimum fee of \$400.00 will be charged. Out of town projects are 5% of painting related contract plus travel			
costs. Further, that the contract price will be adjusted to reflect the <u>total</u> contract price at date of substantial performance.			
PO #: ACCOUNTING EMAIL:			
BILLING NAME:			
BILLING ADDRESS (IF DIFFERENT THAN THE ABOVE):			
BILLING ADDRESS (II DITTERENT THAN THE ADOVE).			
BY SIGNING BELOW, I AGREE TO THE TERMS LISTED ON THIS FORM			
DATE: SIGNED:			
TO BE COMPLETED BY MPDA OFFICE:			
ASSIGNED INSPECTOR: FILE #:			