



The following attachments are provided as required:

1. Qualification statements and/or resumes of the private provider and all duly authorized representatives.
2. Proof of insurance for professional and comprehensive liability in the amount of \$1 million per occurrence relating to all services performed as a private provider, including tail coverage for a minimum of 5 years subsequent to the performance of building code inspection services.

**Individual**

\_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone  
 No.: \_\_\_\_\_

**Corporation**

\_\_\_\_\_  
 Print Corporation Name  
  
 By: \_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone  
 No.: \_\_\_\_\_

**Partnership**

\_\_\_\_\_  
 Print Partnership Name  
  
 By: \_\_\_\_\_  
 (signature)  
 Print  
 Name: \_\_\_\_\_  
 Its: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone  
 No.: \_\_\_\_\_

**Please use appropriate notary block.**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

**Individual**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

**Corporation**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_ **corporation**, on behalf of the state corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

**Partnership**

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, partner/agent on behalf of \_\_\_\_\_, a **partnership**, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known \_\_\_\_\_; or Produced identification \_\_\_\_\_ Type of identification produced \_\_\_\_\_

Signature of Notary \_\_\_\_\_ Print Name \_\_\_\_\_

Notary Public: NOTARY STAMP BELOW

My commission expires: