ALBERTA PAINTING CONTRACTORS ASSOCIATION

APCA Inspection Services

#600, 900 – 6th Avenue SW, Calgary, AB T2P 3K2
Phone: 403-244-4487 Fax: 403-244-2340 E-Mail: apca@apca.ca

PRODUCT SUBMITTAL FORM

IMPORTANT! Complete all areas of this form and ensure the following documents accompany this form: (1) Request for Inspector; (2) Section 09 91 of Architectural Specifications; (3) Room Finish Schedule; (4) Product Data Sheets/MSDS; and (5) Payment information.

Project Information

Project Name:		CONTRACT AMOUNT:	
Location/Address:		Approx. Start Date:	
City, Prov, PC:		Approx. Completion Date	

Painting Contractor

Company:		Contact Name:	
Address:		Phone:	
City, Prov, PC:		E-mail:	

General Contractor

Company:		Contact Name:	
Address:		Phone:	
City, Prov, PC:		E-mail:	

Architect

Company:		Contact Name:	
Address:		Phone:	
City, Prov, PC:		E-mail:	

Owner

Company:		Contact Name:	
Address:		Phone:	
City, Prov, PC:		E-mail:	

CURRENT SPECIFIED ITEM(S): _____

MPI Paint System #	MPI AP#	MANUFACTURER & Product Name	Product Code
Example: *INT 9.2B*	*50*	*Smith Paint / Drywall Primer*	*11171*
	139	*Smith Paint / Hi Performance Latex*	*11175*