

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

REQUEST FOR INSPECTOR

Project Information

Project Name:		CONTRACT AMOUNT:	
Location/Address:		Approx. Start Date:	
City, Prov, PC:		Approx. Completion Date:	
Comments:			New: <input type="checkbox"/> Repaint: <input type="checkbox"/>

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:	

CONTRACT VALUE:	\$	X 5%	\$	X 5% GST	\$	\$	Fees due – must be paid in full prior to first inspection
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NOTE: If contract value is less than \$25,000, fee is \$1,250.00

Cheque made payable to APCA Visa MasterCard American Express

Name on Card:		Signature:	
Card Number:		Expiry Date:	

Travel Expenses outside of Calgary/Edmonton city limits will be calculated as follows and invoiced separately:

Mileage	\$0.60/km (incl. mileage and inspector travel time)
Accommodations	\$200.00/night maximum
Meals	\$85.00/day maximum

The undersigned contractor or firm, agrees to pay **Alberta Painting Contractors Association (APCA)** a fee of 5% of the painting contract price shown above (plus applicable taxes) for projects in **Alberta**, for the inspection services to be rendered by the inspection agency assigned. Projects outside of Edmonton or Calgary will have additional travel costs associated with the inspection. Further, that the contract price will be adjusted to reflect the total contract price at date of substantial performance. *Please note that an additional charge of \$150.00 per hour may be billed to the painting contractor for extra/excessive final follow-up inspections.*

I have read and understand this agreement. I also understand that the APCA Warranty applies to APCA Members only.

Date:		Signature:	
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PRODUCT SUBMITTAL FORM

IMPORTANT! Complete all areas of this form. Please 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;
- (5) Payment in full for inspection fees.

PROJECT NAME: _____ CONTRACT AMOUNT: _____

CURRENT SPECIFIED ITEM(S): _____

MPI #	LABEL	MANUFACTURER	CODE

Please attach product information needed for proper evaluation including, but not limited to: product description, relevant product data, MSDS sheets, and Architectural Specification Manual system number.

Submitted by:

Company:		Contact Name:
Address:		Phone:
City, Prov:		Fax:
Postal Code:	E-mail:	
Date:	Signature:	

For use by APCA Inspection Services: <input type="checkbox"/> ACCEPTED <input type="checkbox"/> ACCEPTED AS NOTED BELOW <input type="checkbox"/> NOT ACCEPTED AS NOTED <input type="checkbox"/> RECEIVED TOO LATE FOR CONSIDERATION	
By: _____	Date: _____
Notes: _____	
