



APPLICATION FOR REGISTRATION

AS A

THIRD PARTY ORGANIZATION (TPO)

IN THE

City of Arlington

APPLICATION FOR REGISTRATION FOR A THIRD PARTY ORGANIZATION (TPO)

AGENCY NAME:	DATE OF APPLICATION:
AGENCY REGISTERED ADDRESS:	AGENCY TELEPHONE:
AGENCY CITY:	AGENCY FAX:
AGENCY ZIP CODE:	AGENCY EMAIL:

REQUESTED RECOGNITION

CHECK ONE OR MORE, AS APPLICABLE: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection

INFORMATION OF PROFESSIONAL-IN-CHARGE

PROFESSIONAL-IN-CHARGE, NAME:	TITLE:
OFFICE PHONE:	OFFICE FAX:
CELL PHONE:	EMAIL ADDRESS:

INFORMATION OF TECHNICAL POINT-OF-CONTACT

TECHNICAL POINT-OF-CONTACT, NAME:	PROFESSIONAL LICENSE/CERTIFICATION:
OFFICE PHONE:	OFFICE FAX:
CELL PHONE:	EMAIL ADDRESS:

CHECK ALL THAT APPLY

- PROFESSIONAL ENGINEER REGISTERED IN THE STATE OF TEXAS
- ARCHITECT REGISTERED IN THE STATE OF TEXAS
- ICC MASTER CODE PROFESSIONAL OR ICC BUILDING CODE OFFICIAL

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR AGENCY'S 5 MOST RECENT PROJECTS:

PROJECT # 1

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 2

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 3

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 4

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

PROJECT # 5

NAME AND/OR ADDRESS OF PROJECT
OVERALL CONSTRUCTION VALUE
ROLE OF THE CONTRACTOR/AGENCY IN THE PROJECT
NAME/TELEPHONE # OF CLIENT OR PROJECT OWNER

INDEMNIFICATION AND ACKNOWLEDGEMENT BY THIRD PARTY ORGANIZATION

This indemnification and acknowledgment is executed by the undersigned as consideration for registration as a third party organization to perform plan review and inspection services for construction projects in the City of Arlington. The undersigned acknowledges that this document will remain on file in the records of the City of Arlington and will apply to all projects for which the undersigned is retained to perform plan review and inspection services.

1. **Indemnification:** The undersigned third party organization does hereby covenant and agree to waive all claims, release, indemnify, defend and hold harmless the City of Arlington and all of its officials, officers, agents, employees and invitees in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action including all expenses of litigation and/or settlement which may arise by reason of injury or death or debt of any person, or for loss of, damage to or loss of use of any property, resulting from the undersigned's acts or omissions or the acts or omissions of the undersigned's employees, agents or subcontractors relating to the performance of plan review and inspection services for construction projects in the City of Arlington. Such indemnity will apply whether the claims, suits, losses, damages, causes of action or liability, arise in whole or in part from the negligence of the City of Arlington or any of its officers, officials, agents, employees or invitees in both their public and private capacities whether said negligence is sole negligence, contractual comparative negligence, concurrent negligence, gross negligence or any other form of negligence. It is the express intention of the parties hereto that the indemnity provided for in this paragraph is indemnity by the undersigned third party organization to indemnify and protect the City of Arlington from the consequences of the City of Arlington's own negligence, whether that negligence is the sole or concurring cause of the injury, death or damage or whether said negligence is sole negligence, joint negligence, active negligence, passive negligence, gross negligence or any other form of negligence.

2. **Not employee or subcontractor of City:** The undersigned acknowledges that he or she, if an individual, or it, if an entity, will contract directly with the owner or contractor for performance of plan review and inspection services, on terms approved by the parties. The undersigned and the officers, agents, employees, and subcontractors of the undersigned shall not be deemed officers, agents, employees or subcontractors of the City of Arlington. The City of Arlington shall have no liability to the undersigned or to any person retained by the undersigned, including but not limited to liability for payment for services.

Third Party Organization (Print Legal Name)

By: _____ Date: _____

Printed name: _____

Title: _____

SINGLE ACKNOWLEDGEMENT

§THE STATE OF TEXAS

§COUNTY__

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office on this _____ day of _____, 20__.

Notary Public in and for
_____ County, Texas

CORPORATE ACKNOWLEDGEMENT

§THE STATE OF TEXAS

§COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, Title _____ of _____, a corporation, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed, in the capacity therein state and as the act and deed of said corporation.

Given under my hand and seal of office on this _____ day of _____, 20__.

Notary Public in and for
_____ County, Texas

APPROVED AS TO FORM:

City Attorney

ACKNOWLEDGEMENT OF CONFLICT OF INTEREST(COI) POLICY

As a condition of performing plan review and inspections, the undersigned third party organization (TPO) acknowledges that it has read and agrees to comply with the Conflict of Interest policy of the Third Party Plan Review and Inspection Process. The undersigned declares

1. There is no conflict of interest on its part or the part of its regular or contract employees.
2. Employees or contractors with conflicts will be disqualified from the review and inspection process.
3. Employees or contractors are aware that they must report any changes to their COI status to their supervisors as soon as the employee is aware of the changes.
4. The applicant will handle any complaint promptly and will resolve all cases where conflicts are suspected or proven.
5. COI training is provided to all employees, to ensure compliance with applicants' written COI policies and procedures.
6. That it will not supervise or perform third party plan review or inspections for the following projects:
 - A. Projects in which the TPO, or any of its employees, subcontractors or agents, has a substantial interest, participated in the design, preparation of plans, or construction.
 - B. Projects involving owners, contractors or subcontractors in which the TBO, or any of its employees, subcontractors or agents, has a substantial interest.

Date: _____

Third Party Organization (Print Legal Name)

By: _____

Printed name: _____

Title: _____

SINGLE ACKNOWLEDGEMENT

THE STATE OF TEXAS

COUNTY _____

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Notary Public in and for
_____ County, Texas

CORPORATE ACKNOWLEDGEMENT

THE STATE OF TEXAS

COUNTY OF _____

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Given under my hand and seal of office on this _____ day of _____, 20__.

Notary Public in and for
_____ County, Texas

APPROVED AS TO FORM:

City Attorney

INSPECTOR/PLANS EXAMINER INFORMATION

(Complete one form for each individual)

NAME:	OFFICE PHONE:
CELL PHONE:	EMAIL ADDRESS:
SAMPLE OF SIGNATURE:	SAMPLE OF INITIALS:
CHECK ONE OR MORE, AS APPLICABLE: <p style="text-align: center;"><input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Plan Review <input type="checkbox"/> Inspection</p>	
CHECK ALL THAT APPLY: <p style="text-align: center;"><input type="checkbox"/> BUILDING <input type="checkbox"/> ACCESSIBILITY <input type="checkbox"/> ENERGY <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> PLUMBING</p>	

LIST PROOF OF VERIFIABLE RELATED EXPERIENCE:

1. _____

2. _____

3. _____

4. _____

5. _____

Attach copies of all current licenses and certifications. Copies of most recent wallet cards for ICC certifications are preferred. All licenses and certifications must be maintained as active.

STATEMENT BY AGENCY REPRESENTATIVE

I, _____, REPRESENTATIVE FOR _____	
_____ (AGENCY NAME) DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND IN ITS SUPPORTING DOCUMENTATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE, CORRECT, AND COMPLETE. I ALSO DECLARE THAT THE AGENCY AGREES TO ABIDE BY THE CONDITIONS OF THE THIRD PARTY ORGANIZATION PROGRAM SET FORTH IN THE PUBLISHED POLICIES AND PROCEDURES, AND QUALITY CONTROL METHODS. I FURTHER DECLARE THAT I AM AUTHORIZED BY THE AGENCY TO MAKE THESE STATEMENTS ON ITS BEHALF.	
_____ SIGNATURE	_____ DATE

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than \$1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the City of Arlington government, under circumstances in which the statement could reasonably be expected to be relied upon as true.

ATTACHED DOCUMENTS

Check box for attached documents

- Copies of all employees' licenses, certifications and drivers license
- Certificates of Insurance Requirements
- Indemnification and Acknowledgement by Third Party Organization
- Acknowledgement of Conflict of Interest Policy for Third Party Organization