

**APPLICATION FOR APPROVED TESTING FACILITIES**

**New Application**

**Renewal Application**

Application is hereby made for acceptance as an approved testing facility as defined in Public Safety Article 12, Sections 301-313, of the Maryland Industrialized Building and Manufactured Home Act, and Maryland Industrialized Building and Manufactured Homes Regulations (COMAR 05.02.04.01 thru. 05.02.04.18)

The required fee (non-refundable) of \$100.00 plus \$50.00 additional fee for each client as per COMAR Section 05.02.04.12 of the Regulation is submitted herewith.

Please make check payable to **Maryland Department of Labor, Licensing & Regulation**

Mail both Application and check to:

Building Codes Administration  
Division of Labor and Industry  
Maryland Department of Labor, Licensing & Regulation  
1100 N. Eutaw Street - Room 606  
Baltimore, MD 21201

The new/renewal application of becoming a Maryland approved testing facility will be reviewed according to the criteria set forth in COMAR Section 05.02.04.13.A to enable the Department to "...determine whether the applicant is specially qualified by reason of facilities, personnel, experience, and demonstrated reliability to investigate, test, and evaluate industrialized building units for compliance with these regulations, and to provide adequate follow-up and quality assurance services at the point of manufacture..".

**For renewal applications, all past performance records of being an Approved Testing Facility will also be reviewed and evaluated together with other information as listed below. Un-satisfactory performance for consecutive three years may result in being denied renewal application.**

The information required by COMAR Section 05.02.04.13 of the Maryland Industrialized Building and Manufactured Home Regulations is as follows (supplement with additional sheets as necessary):

1. Names of officers and locations of offices:

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2. Specification and description of services proposed to be furnished under the Regulation:

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3. Description of qualifications of personnel and their responsibilities:

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4. Summary of organization experience:

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5. Attach a general description of procedures and facilities to be used in proposed services, including evaluation of the model unit, factory follow-up, quality assurance, labeling of production units, and specific information to be furnished on or with labels.

6. Attach proposed procedure for correction from oversight regarding defective units.

7. Attach evidence of acceptance of your services by independent accrediting organizations and other jurisdictions.

**CERTIFICATION BY TESTING FACILITY**

This testing facility is not affiliated with, nor influenced or controlled by producers, suppliers, vendors or products in any manner which might affect its capacity to render reports of findings objectively without bias.

This Testing Facility has no managerial affiliation with producers, suppliers, or vendors and is not engaged in the sale or promotion of any product or material.

This organization complies with all federal and State requirements concerning equal employment opportunities.

I, \_\_\_\_\_, hereby certify that I am \_\_\_\_\_

\_\_\_\_\_ of

\_\_\_\_\_ and am authorized to commit the

Name of Organization

organization by my signature, and further certify that the information given above is correct.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

This is to certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ before the subscriber, a Notary Public of the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, the applicant(s) named in this application, and made oath in due form of law that the information therein is true.

Witness my hand and official seal.

(SEAL) \_\_\_\_\_

Notary Public

My commission expires \_\_\_\_\_