

**AGENCY APPLICATION FOR STATE APPROVAL
FORM FMBP 2-00**

AS () PLANS REVIEW AGENCY AND/OR () INSPECTION AGENCY

1. Agency Information:

Name of Agency: _____ FID # _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Post Office Box Number: _____ City: _____ State: _____ Zip Code: _____
Phone# _____ Fax: _____ E-mail Address: _____

2. Names of Officers as applicable: () Ownership, () Partnership, or () Corporation

President/Owner: _____ General Manager: _____
Contact Person and title: _____ Phone# _____
Partners: _____
Directors: _____
Registered Agent (if applicable) and phone#: _____

3. The agency retains the following Florida Registered Architect(s)/Engineer(s) who shall be responsible for compliance with the Manufactured Building Act (Ch. 553, Part I FS) and Rule Ch. 9B-1, FAC.

Name: _____ Profession & Registration#: _____
Name: _____ Profession & Registration#: _____
Name: _____ Profession & Registration#: _____

4. The agency retains the following certified Building Plan Examiner(s) in accordance with Rules 9B-1 FAC.

Name: _____ Modular Plan Examiner#: _____
Name: _____ Modular Plan Examiner#: _____
Name: _____ Modular Plan Examiner#: _____

5. The agency retains the following certified Modular Bldg. Inspector(s) in accordance with Rules 9B-1 FAC.

Name: _____ Building Inspector#: _____
Name: _____ Building Inspector#: _____
Name: _____ Building Inspector#: _____
Name: _____ Building Inspector#: _____

6. Application fee of \$600 plus triennial certification fee of \$300 is payable online at www.floridabuilding.org.

7. Attach a copy of general liability insurance with minimum coverage of \$1,000,000.

8. Attach a statement of independence.

9. Attach one copy of the Agency Quality Assurance Manual online at www.floridabuilding.org.

I hereby certify that the information provided above is true to the best of my knowledge.

Name of Principal (Print or type)

Signature

Date