



THIRD PARTY PROGRAM APPLICATION

Application Submission Package

Participation in the Third Party Program requires certification for all program participants. The Third Party Program Application submission package must be submitted electronically to the Third Party Program Manager @ thirdpartyprogram@richmondgov.com.

SECTION A - APPLICANT/BUSINESS INFORMATION

AGENCY NAME _____
STREET ADDRESS _____ SUITE _____
CITY _____ STATE _____ ZIPCODE _____
PHONE NUMBER (____) _____ CELL PHONE (____) _____
E-MAIL _____ FAX NUMBER (____) _____
WEBSITE _____
PRIMARY CONTACT: _____ POSITION _____
PRINT NAME _____ DATE _____
AUTHORIZED SIGNATURE _____

SECTION B - THIRD PARTY PROGRAM STAFF

Please complete the following section and attach PDF documentation detailing each individual's qualifications and relevant experience.

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____



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SECTION B - THIRD PARTY PROGRAM STAFF (continued)

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

NAME _____ POSITION _____
PE/ARC/MCP NO. _____ CERTIFICATION(S) _____

SECTION C - QUALITY ASSURANCE PLAN

Provide a quality assurance plan, which includes details about the internal processes for ensuring that the agency will perform a minimum random 10% sampling of all assigned inspections and reviews. Third Party shall report non-conforming or deficient items to the attention of the owner and contractor. Provide timely reports for each inspection/review and submit a final signed report to City Of Richmond's Third Party Program. Attach additional sheets if necessary.



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SECTION D CONFLICT OF INTEREST AFFIDAVIT

Provide a notarized sworn affidavit, signed by the Inspection Agency, attesting that the Third Party Program Agency, Professional(s)-in-Charge, Supervisory Inspector(s) (if different from the Professional(s)-in-Charge), and its inspectors shall in the course of performing duties related to the City Of Richmond Third Party Inspection Program and except as related specifically to the Third Party Program. Submit affidavit with this application package.

SECTION E PROOF OF INSURANCE

Submit a copy of the agency's insurance policy clearly identifying a Minimum General Liability and Errors and Omissions Coverage for each occurrence in the amount of One Million Dollars (\$1,000,000) with this application package.

SECTION F AGENCY QUALIFICATIONS

Provide a brief statement of the agency's qualifications and background. Attach additional sheets if necessary.

CITY OF RICHMOND - FOR OFFICIAL USE ONLY		
RECEIVED BY:	RECEIVED DATE:	REVIEW DATE:
<input type="checkbox"/> APPROVED		
NOTIFICATION DATE:	CERTIFICATION NUMBER:	
<input type="checkbox"/> DISAPPROVED		
NOTIFICATION DATE:	CERTIFICATION NUMBER:	
<u>ADDITIONAL INFORMATION REQUIRED:</u>		

NOTICE OF NON-DISCRIMINATION:

The city of Richmond is an equal opportunity entity. We are firmly committed to non-discrimination and equal opportunities for all applicants. Approval and/or disapproval decisions are made solely on the basis of occupational qualifications.