



# THIRD PARTY INSPECTIONS PROGRAM APPLICATION

## NEW APPLICATION SUBMISSION PACKAGE

LANGUAGE PREFERRED  English  Spanish  Chinese  Vietnamese  Amharic  Korean  Other: \_\_\_\_\_

The Department of Consumer and Regulatory Affairs operates the Third Party Inspections Program set forth under the Homestart Regulatory Improvement Amendment Act of 2002 (DC Official Code, 2001 Ed. §6-1405.02.) and Title 12A of the District of Columbia Municipal Regulations (DCMR), § 105.3.1.1. Participation in the Third Party Inspection Program requires certification for all program participants. Please complete this application package in its entirety to apply for Third Party Inspection certification.

### Section A APPLICANT/BUSINESS INFORMATION

1a. AGENCY NAME \_\_\_\_\_

2a. STREET ADDRESS \_\_\_\_\_ SUITE or APARTMENT NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

FAX NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_ WEBSITE \_\_\_\_\_

3a. POINT OF CONTACT \_\_\_\_\_ POSITION \_\_\_\_\_

4a. AUTHORIZED SIGNATURE \_\_\_\_\_ NAME \_\_\_\_\_

DATE \_\_\_\_\_

### Section B INSPECTION AGENCY QUALIFICATIONS

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

**DCRA OFFICIAL USE ONLY**

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEW DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ NOTIFICATION DATE \_\_\_\_\_

CERTIFICATION NUMBER \_\_\_\_\_

DISAPPROVED \_\_\_\_\_ NOTIFICATION DATE \_\_\_\_\_

ADDITIONAL INFORMATION REQUIRED \_\_\_\_\_ NOTIFICATION DATE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section C THIRD PARTY INSPECTION PROCESS MANAGEMENT**

Provide a quality assurance plan that reviews the process for ensuring that the agency will perform contracted inspections, report non-conforming items to the attention of the owner/designer, provide timely reports for each inspection or re-inspection and submit a final signed report to DCRA’s Inspections Division. Attach additional sheets if necessary.

**Section D CONFLICT OF INTEREST AFFIDAVIT**

Provide a notarized, sworn affidavit, signed by the Inspection Agency, attesting that the Third Party Inspection 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 District’s Third Party Inspection Program and except as related specifically to the Inspection Agency named in the application, abide by the same standards of ethical conduct as are required of District government employees—in particular that they shall abide by those standards found in 6-B DCMR §1800.1, 1803.1-1803.3, 1805.1-1805.2, 1806, and 1808; and additionally attesting that they will remain independent of conflicts of interest in accordance with the Homestart Regulatory Improvement Act of 2002, codified as D.C. Official Code, 2001 Ed. §6-1403.01 et seq. (2006 Supp.) Please attach affidavit to this application package.

**Section E PROOF OF INSURANCE**

Provide 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 the District of Columbia listed as additional insured. Please attach copy of insurance policy to this application package.

**Section F THIRD PARTY INSPECTION STAFF ROSTER**

Please complete the following section and also attach a separate spreadsheet detailing each individuals qualifications and experience.

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
CERTIFICATION(S) \_\_\_\_\_

POSITION  PROFESSIONAL-IN-CHARGE  SUPERVISORY INSPECTOR  INSPECTOR

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
CERTIFICATION(S) \_\_\_\_\_

POSITION  PROFESSIONAL-IN-CHARGE  SUPERVISORY INSPECTOR  INSPECTOR

**Section F THIRD PARTY INSPECTIONS STAFF ROSTER** *continued*

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 CERTIFICATION(S) \_\_\_\_\_

POSITION  PROFESSIONAL-IN-CHARGE  SUPERVISORY INSPECTOR  INSPECTOR

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 CERTIFICATION(S) \_\_\_\_\_

POSITION  PROFESSIONAL-IN-CHARGE  SUPERVISORY INSPECTOR  INSPECTOR

NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 CERTIFICATION(S) \_\_\_\_\_

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 CERTIFICATION(S) \_\_\_\_\_

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NAME \_\_\_\_\_ POSITION \_\_\_\_\_  
 CERTIFICATION(S) \_\_\_\_\_

POSITION  PROFESSIONAL-IN-CHARGE  SUPERVISORY INSPECTOR  INSPECTOR

**DC INSPECTOR GENERAL HOTLINE:** If you are aware of corruption, fraud, waste, abuse or mismanagement involving any DC government agency, official or program, Contact the Office of the Inspector General (OIG) at (202) 727-0267 or (800) 521-1639 (toll free). All reports are confidential and you may remain anonymous by law. Government employees are protected from reprisals or retaliation by their employers for reporting to the OIG. The information you provide may result in an investigation leading to administrative action, civil penalties or criminal prosecution in appropriate cases.

**NOTICE OF NON-DISCRIMINATION:** In accordance with DC Human Rights Act of 1977, as amended, DC Code Section 2.1401.01 et seq., (“the Act”) the District of Columbia does not discriminate on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibilities, matriculation, political affiliation, disabilities, source of income, or place of residence or business. Discrimination in violation of this act will not be tolerated. Violators will be subject to disciplinary action.