## INTERSTATE INDUSTRIALIZED BUILDINGS COMMISSION 505 Huntmar Park Dr., Suite 210, Herndon, VA 20170 | (703) 481-2022

REQUEST FOR REFUND	OF CERTIFICATION LABI	EL FEES				
Corporate Name:						
Facility Name:			Inspection Agcy.:			
Physical Address:						
City: ST:			Zip:	Phone:		
Authorized Rep.:			Email (opt.):			
Mailing Address (if different	):					
REASON FOR RETURN						
Facility closed effective Facility changed inspection agencies effective						
Other (describe):		1 40.	nty changed mopeone	n agonolos sinosavo		
CERTIFICATION LABEL	SERIAL NUMBER(S)	T	т			T
Beginning Label No.	Ending Label No.	Qty.	Beginning Label No	o. Ending Lab	Ending Label No.	
INSTRUCTIONS						
- Send original comp IIBC 505 Hu	s responsible for completi leted form <u>along with labe</u> ntmar Park Dr., Suite 210 n, VA 20170.	els to:				
FOR IIBC USE ONLY						
Plant Code:	Check No.:		Amt.:	Date:		
LABEL TYPE		FEE	ADMIN. FEE	QUANTITY	AM	MOUNT
Modular/Closed Panel			(\$ 2.00 per label)			
Component			(\$ 2.00 per label)			
				SUBTOTAL:		
			ADMIN.	FEE (PER REQUEST):		(\$ 20.00)

REFUND AMOUNT: