INTERSTATE INDUSTRIALIZED BUILDINGS COMMISSION

505 Huntmar Park Dr., Suite 210, Herndon, VA 20170 | (703) 481-2022 Form for registering manufacturing facilities as required by UAP, Pt. IV, Section 8(A). Registrations expire on December 31. See instructions for additional details. **PART I. BUSINESS ENTITY** Legal Business Name: FEIN: Trade Name: Address: Phone: Web Address (opt.): Parent Co., City, ST (if applicable): **Authorized Representative** Name: Title: Email: Phone: PART II. ANNUAL MANUFACTURING FACILITY REGISTRATION FEES Amount Due (No. of Mfg. Facilities x \$400): Date: Check No.: Amount: Make checks payable to "IIBC" or "Interstate Industrialized Buildings Commission". PART III. MANUFACTURING FACILITIES Facility 1. Name/Designation: □ ADD □ EDIT □ REMOVE Physical Address: Mailing Address (if different): Phone: **Evaluation Agency:** Inspection Agency: Facility 2. Name/Designation: □ ADD □ EDIT □ REMOVE Physical Address: Mailing Address (if different): Phone: **Evaluation Agency:** Inspection Agency: Facility 3. Name/Designation: □ ADD □ EDIT □ REMOVE Physical Address: Mailing Address (if different): Phone: **Evaluation Agency:** Inspection Agency: Facility 4. Name/Designation: □ ADD □ EDIT □ REMOVE Physical Address: Mailing Address (if different): Phone: **Evaluation Agency:** Inspection Agency:

GENERAL INSTRUCTIONS FOR REGISTRATION FORMS

- Initial registrations must be accompanied by a *certificate(s)* of good standing* and a copy of the implementing contract between the manufacturer and the designated agency.
- Manufacturers must notify the Commission of any changes by resubmitting an updated registration form.
 - o <u>If requesting a change in inspection and/or evaluation agency</u>, a 30-day advance written notice is required in accordance with Part V, Sections 2(A) and 3(A) of the UAP.
 - For additional details including when certain information must be provided, refer to Part IV, Section 8(A)
 of the UAP.

*Certificate(s) of Good Standing (aka certificate of existence or certificate of authorization). A state-issued document that shows a corporation or limited liability company has met the statutory requirements and is authorized to do business in that state.

INSTRUCTIONS FOR COMPLETING FORM

PART I. BUSINESS ENTITY

Details about the company that owns and operates the listed manufacturing facilities.

Legal Business Name. Full business name of the entity as it appears on the legal document creating it.

FEIN (Federal Employer Identification Number). Nine-digit number assigned by IRS to the business.

Trade Name. Name of company if different from the legal business name ("doing business as" name).

Address. Full mailing address of the business.

Parent Company. If applicable, name and location (city, state) of the company that owns more than 50 percent of the voting shares of the business entity.

Authorized Representative. Name, title, email and phone number of the company officer who will serve as the primary business contact person.

PART II. MANUFACTURING FACILITY REGISTRATION FEES

Annual registration fee is \$400 per manufacturing facility. Fees for first time applicants are permitted to be prorated by month. For example, the fee for a facility registering anytime in October would be \$100 (\$400/12 mo. x 3 mo.)

PART III. MANUFACTURING FACILITIES

List of manufacturing facilities being registered. Resubmit form when adding, removing or updating information about a manufacturing facility. Use additional sheets if necessary.

Facility Name/Designation. Name or plant number used by the business to identify the individual manufacturing facility. Do not provide brand name(s) under which the product is marketed.

Physical Address. Full physical address of the manufacturing facility.

Mailing Address. Full mailing address of the manufacturing facility if different from physical address.

Evaluation Agency. Evaluation agency that will provide plan and design review services under the IIBC program.

Inspection Agency. Inspection agency that will provide inspection services under the IIBC program.