

**Attachment 10**

***SPECIAL INSPECTION AGENCY SUMMARY AND LETTER OF AGREEMENT***

*Company Name* \_\_\_\_\_

*Company Address* \_\_\_\_\_

*Telephone Number* \_\_\_\_\_

*Responsible Engineer* \_\_\_\_\_

*Name and Address of Testing Laboratory* \_\_\_\_\_  
*(if different from the info. above)*

*Special Inspection Categories: RC ( ) PC ( ) SM ( ) SSW ( ) URM ( ) FP ( )*

*I understand that any changes to this, or other required categorical information must be reported within 60 days, in writing, to the participating jurisdictions. I further understand that failure to report these changes may result in forfeiture of the participating jurisdiction's qualification of this agency. This agency agrees to abide by these conditions and will submit a report of any changes to the information submitted.*

\_\_\_\_\_  
Responsible Engineer (print name)

\_\_\_\_\_  
Responsible Engineer (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affix Stamp Here