

# PAINT QUALITY ASSURANCE™



**M.P.D.A . Specification Services Inc.**  
2800 Ingleton Avenue, Burnaby, BC V5C 6G7  
**FAX: 604-298-7571** Phone: 604-298-3875

## REQUEST FOR AN ASSIGNMENT OF AN INSPECTOR

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

**PAINTING CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (please tick box for fax or email correspondence)

**SPECIFYING AUTHORITY:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (please tick box for fax or email correspondence)

**GENERAL CONTRACTOR:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (please tick box for fax or email correspondence)

**OWNER/REP.:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_ (please tick box for fax or email correspondence)

**SPECIAL COMMENTS:** \_\_\_\_\_

**CONTRACT VALUE:** \_\_\_\_\_ **NEW:** \_\_\_\_\_ **REPAINT:** \_\_\_\_\_

**APPROX. START DATE:** \_\_\_\_\_ **APPROX. DATE OF COMPLETION:** \_\_\_\_\_

**Lower Mainland:**

The undersigned contractor or firm, agrees to pay **M.P.D.A. Specification Services Inc.** a fee of 5% of the painting contract price shown above (plus applicable taxes) for projects in the **Lower Mainland** for the inspection services to be rendered by the inspection agency assigned. Out of town projects, 5% of painting related contract plus travel costs. Further, that the contract price will be adjusted to reflect the total contract price at date of substantial performance. *Please note that an additional charge of \$100.00 per hour may be billed to the painting contractor for extra/excessive final follow-up inspections.*

I have read and understand this agreement. I also understand that the MPDA Guarantee applies to MPDA Members only.

SIGNED: \_\_\_\_\_  
Signature of Painting Contractor or Firm

Please provide MASTERCARD  or VISA  where fees amount to \$500.00 or less.

Card No: \_\_\_\_\_ Valid /Expiry Date: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Signature of Authorized Card Holder

**To be completed by Office:**

Assigned Inspector: \_\_\_\_\_ File #: \_\_\_\_\_