



NEW ONE- or TWO-FAMILY DWELLING APPLICATION

Crook County Residential Application Checklist

300 NE 3rd Street, Room 12, Prineville, Oregon 97754

(541) 447-3211

bld@co.crook.or.us

www.co.crook.or.us

Contact Name: _____ Contact Phone: _____

Site Address: _____ EMAIL: _____

*The following items are **REQUIRED**. The Checklist **MUST** be completed before your application will be accepted. Check the boxes of the items you are submitting with this application.*

STAFF APPLICANT

- Site/Plot plan:** The plan must show lot and building setbacks, location of easements, driveway, footprint of all existing or proposed structures (including decks), location of wells/septic systems & drain fields, utility locations.
- Zoning, Moisture & Lighting Form** – Complete the form and include the required plans. See document for complete instructions.
- 2021 Residential Code / HVAC System & WHV Checklist** – Complete the document and include the required plans. See document for complete instructions.
- Foundation plan and cross section:** Footing and foundation dimensions, anchor bolts, any hold-downs and reinforcing steel, connection detail, foundation vent size and location, and soil type.
- Floor plans:** Showing joist layout, point loads, dimensions, room identification, door and window sizes and location, location of smoke detectors, water heater, HVAC, ventilation fans, plumbing fixtures, balconies, and decks 30 inches above grade or more.
- Cross sections & details:** Show all framing member sizes and spacing such as floor beams, headers, joists, sub-floor, wall construction, roof construction. More than one cross section may be required to clearly portray construction. Show details of all wall and roof sheathing, roofing, roof slope, ceiling height, siding material, footings, foundation, stairs, fireplace construction, thermal insulation, etc.
- Elevation views:** Minimum of 2 elevations for additions and remodels, exterior elevations must reflect actual grade if the change in grade is greater than 4' at building envelope. Full size sheet addendums showing foundation elevations with cross-references are acceptable.
- Wall framing/bracing (prescriptive path and/or lateral analysis plans):** Building plans must show wall construction and details, locations of lateral brace panels. For non-prescriptive path analysis provide specifications and calculations to engineering standards. Identify type of wall bracing and locations.
- Engineered truss drawings or roof framing plan:** Engineered and stamped truss drawings with layout and design.
- Basement & retaining wall cross sections:** details of placement of reinforcing steel, drains, and waterproofing. Engineered plans required for retaining walls exceeding 4' tall, and basement wall not complying with prescriptive code requirements.
- Beam calculations:** Provide calculations using current code design values for all beams and multiple joists exceeding prescriptive code requirements and/or any beam/joist carrying a non-uniform load.
- Engineer's calculations when required or provided (sheer wall, roof truss, retaining walls exceeding 4' tall):** shall be stamped by an engineer or architect licensed in Oregon and shall be shown to be applicable to the project under review by cross-reference to the application plan location.
- Fire sprinkler plans (If required):** Plans must show system layout, system specifications and calculations.

The following applicant or agent has reviewed and completed this application packet and affirms all requirements have been met for application submittal.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

Received by: _____ Date: _____

(Staff Signature)



One- or Two-Family Dwelling

Crook County Community Development
 300 NE 3rd St. Room 12, Prineville, OR 97754
 541-447-3211

Date Submitted:
Initials:

Office Use Only

Planning Approval #:	Planner's Signature:
Septic Permit or Auth #:	SDC's: Yes / No Park & Rec Fees Required: Yes / No
Fire Sprinklers Required: Yes / No	Flood Zone: Yes / No Flood Certificate Required: Yes / No

JOB SITE INFORMATION

Site address:

City: _____ State: _____ Zip: _____ TWN _____ RGE _____ SEC _____ TL _____

Structure type and intended use:

Dwelling SQ FT: _____ Garage SQ FT: _____ Deck/Patio SQ FT: _____

Dwelling height: _____ # of stories: _____ # of bedrooms: _____ # of bathrooms: _____

Is this a replacement dwelling? Yes No *(If so, original home must be removed within 90 days from final date)*

Is this property on a rim? Yes No *If yes, a rim inspection may be needed.*

*** Is this property for sale, lease or rent? Yes No

***If the answer to the above question is yes, you CANNOT be your own contractor per state law.

OWNER & APPLICANT INFORMATION

Recorded owner name: _____ Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

Owner e-mail: _____

Applicant name: _____ Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

Applicant e-mail: _____

GENERAL CONTRACTOR INFORMATION

General contractor name: _____ Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

CCB License #: _____ Contact person: _____

Contact phone #: _____ Contact e-mail: _____

PLUMBING INFORMATION

Plumbing contractor: _____ Phone #: _____

Address: _____ City: _____ St: _____ Zip: _____

CCB License #: _____ BCD License #: _____ JP License #: _____

Water Source: Water District Community Well Shared Well City Cistern

Distance from water source to dwelling: _____

Distance from dwelling to the septic tank / sewer connection: _____

Additional plumbing fixtures: _____

Is a backflow device being installed: Yes No How many? _____

FIRE SUPPRESSION INFORMATION			
Fire suppression required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Fire suppression contractor:	Phone #:		
Address:	City:	St:	Zip:
CCB License #:			
Type of fire suppression system?			
Is a backflow device being installed:	<input type="checkbox"/> Yes	How many?	<input type="checkbox"/> No

MECHANICAL INFORMATION			
Mechanical contractor:	Phone #:		
Address:	City:	St:	Zip:
License #:	CCB#		
Propane installer interior:	LPG license #		
Propane installer exterior:	LPG license #		
Heat Source(S):	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Other:

List the quantity of the following:					
APPLIANCE/FIXTURE:	GAS	ELECTRIC	APPLIANCE/FIXTURE:	GAS	ELECTRIC
Forced air furnace			A/c unit		
Radiant floor heat			Range		
Water heater			Dryer		
Heat pump			Fireplace insert		
Wood stove, pellet			Barbeque outlets		
Mini-split			Other		

ELECTRICAL INFORMATION			
Electrical contractor:	Phone #:		
Address:	City:	St:	Zip:
Electrical CCB#:	BCD#:		
Signing supervisor name:	Signing supervisor license #:		
Amps:	<input type="checkbox"/> 200	<input type="checkbox"/> 400	<input type="checkbox"/> 600+ Is your electrical service attached to the dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the dwelling be wired for a generator?			
How many feeders?	Circuits?		
# of limited energy systems:			
Type of systems:			
* Is temporary power needed? <input type="checkbox"/> Now <input type="checkbox"/> At issuance <input type="checkbox"/> No			
Is the listed electrician also installing the temp power? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Is anyone other than the listed contractors responsible for any portion of the project? Yes No
i.e.: Decks, exterior utilities covered porches, etc.

**** IF ANY CONTRACTORS CHANGE, WE MUST BE NOTIFIED AT THE TIME OF CHANGE AND A NEW PERMIT MAY BE REQUIRED**

Applicant certifies the information provided is true and correct and understands any incorrectly provided information can result in a denial, or if erroneous information is discovered later or improper application of the code occurred, this permit may be revoked.

Applicant's signature:	Date:
Owner's signature:	Date:
Contact person for permit issuance:	Phone #:

Exceptions to the above cannot be made. Contact the C.C.C.D. office if you have any questions at: 541-447-3211



Residential Energy Additional Measure Selection

Crook County Community Development
 300 NE 3rd Street, Room 12
 Prineville, OR 97754
 (541) 477-3211
 Web: co.crook.or.us

Job Address: _____

INSTRUCTIONS

Please select type of construction below; sign, date, and complete the entire form. Submit this form with your permit application or your project will be placed on hold until the required information is provided.

- New construction. All conditioned spaces within residential buildings must comply with Table N1101.1 (1) and one numbered additional measure from Table N1101.1 (2).
- Additions. Additions to existing buildings or structures may be made without making the entire building or structure comply if the new additions comply with the requirements of this chapter. (N1101.3)
- Large additions. Additions that are equal to or more than 600 square feet (55 m²) in area, must comply with Table N1101.1 (2) on Page 2. (N1101.3. 1) (Note: You must select one numbered measure.)
- Small additions. Additions that are less than 600 square feet (55 m²) in area, must select one measure from Table N1101.1 (2) on page 2 or comply with Table N1101.3 below. (N1101.3.2)
- Exception: Additions that are less than 225 square feet (20.90 m²) in area are not required to comply with Table N1101.1(2) or Table N1101.3.

**Note: Depending on which Additional Measures you have selected, there may be sub-options that you will have to specify
 Check the appropriate box if provided.**

Applicant's signature: _____ Print name: _____ Date: _____

TABLE N1101.3 - SMALL ADDITION ADDITIONAL MEASURES (SELECT ONE)

1	Increase the ceiling insulation of the existing portion of the home as specified in Table N1101.2.
2	Replace all existing single-pane wood or aluminum windows to the U-factor as specified in Table N1101.2.
3	Insulate the floor system as specified in Table N1101.2 & install 100 percent of permanently installed lighting fixtures as CFL, LED, or linear fluorescent or a minimum efficacy of 40 lumens per watt as specified in Section N1107.2.
4	Test the entire dwelling with a blower door and exhibit no more than 4.5 air changes per hour @ 50 Pascals
5	Seal and performance test the duct system,
6	Replace existing 80 percent AFUE or less gas furnace with a 92 percent AFUE or greater system.
7	Replace existing electric radiant space heaters with a ductless mini split system with a minimum HSPF of 10.0.
8	Replace existing electric forced air furnace with an air source heat pump with a minimum HSPF of 9.5
9	Replace existing water heater with Natural gas / propane water heater with a minimum UEF 0.90 or electric heat pump water heater with minimum 2.0 COP.

TABLE N1101.1 (2) ADDITIONAL ENERGY MEASURES

Info added to this sheet in red is for convenience / reference only and does not reflect all energy code requirements.
See 2021 ORSC chapter 11 for complete code requirements.

1	High efficiency HVAC system^a a. Gas-fired furnace or boiler AFUE 94%, or b. Air source heat pump HSPF 10.0/14.0 SEER cooling, or c. Ground source heat pump COP 3.5 or Energy Star rated.
2	High efficiency water heater a. Natural gas / propane water heater with a minimum UEF 0.90, or b. Electric heat pump water heater with minimum 2.0 COP, or c. Natural gas / propane tankless / instantaneous heater with minimum 0.80 UEF and Drain Water Heat Recovery Unit installed on minimum of one shower / tub-shower.
3	Wall insulation upgrade Exterior walls — U-0.045 / R-21 conventional framing + R-5 continuous insulation. Provide exterior wall details.
4	Advanced envelope Windows — U-0.21 (Area weighted average), and Flat ceiling ^b - U-0.017 / R-60, and Framed floors - U-0.026 / R-38 or slab edge insulation to F-0.48 or less (R-10 for 48"; R-15 for 36" or R-5 fully insulated slab).
5	Ductless heat pump For dwelling units with all electric heat provide: Ductless heat pump of minimum HSPF 10 in primary zone replaces zonal electric heat sources, and programmable thermostat for all heaters in bedrooms.
6	High efficiency thermal envelope UA^c Proposed UA is 8% lower than the code UA Calculation required. Recommend BCD Measure 6 thermal performance calculator. Oregon.gov/bcd
7	Glazing area Glazing area, measured as the total of framed openings is less than 12% of conditioned floor area.
8	3 ACH air leakage control and efficient ventilation Achieve a maximum of 3.0 ACH50 whole-house air leakage when third party tested and provide a whole-house ventilation system including heat recovery with a minimum sensible heat recovery efficiency of not less than 66%.

Intermediate Framing = Studs 16" O.C., R-23 insulation, insulated corners and intersections. Rigid insulation R-4 per inch for header voids up to 2" and R-10 insulation for header voids over 2" (see N1104.5.2 for full requirements).

Advanced Framing = Studs 24" O.C., R-21 insulation, insulated corners and intersections. Rigid insulation R-4 per inch for header voids up to 2" and R-10 insulation for header voids over 2". (See N1104.5.1 for full requirements).

Minimum required values per code (Partial list for reference only. See table N1101.1(1) for full list and requirements):

Walls: R-21 Intermediate

Flat ceilings: R-49

Vaulted ceilings: R-30, R-38 with raised truss heels if over 50% floor area vaulted.

Slabs: R-15 perimeter + R-10 throughout if heated.

Windows: U.27

Ext Doors: U.20, U.40 if glazed

Floors: R-30

For SI: 1 square foot = 0.093 m², 1 watt per square foot = 10.8 W/m².

- a. Appliances located within the building thermal envelope shall have sealed combustion air installed. Combustion air shall be ducted directly from the outdoors.
- b. The maximum vaulted ceiling surface area shall not be greater than 50% of the total heated space floor area unless vaulted area has a U-factor no greater than U-0.026. (U-0.026 = R-38 with advanced roof framing (full height insulation to wall.) Raised truss heels typically required.)
- c. In accordance with Table N1104.1(1), the Proposed UA total on the Proposed Alternative Design shall be a minimum of 8% less than the Code UA total on the Standard Base Case.



Zoning, Moisture & Lighting Form

Crook County Community Development

300 NE 3rd Street, Room 12, Prineville, Oregon 97754



(541) 447-3211



bld@co.crook.or.us



www.co.crook.or.us

Contact Name: _____ Contact Phone: _____

Site Address: _____ EMAIL: _____

ACKNOWLEDGEMENTS

Zoning Setback

Only a State of Oregon Licensed land surveyor can certify the correct location of this building on this lot. Crook County Community Development Department strongly recommends that the applicant retain a licensed land surveyor to verify the zoning setbacks applicable to this lot. Accuracy of building setbacks is the sole responsibility of the applicant, contractor, and/or owner.

Moisture Content

To conform to Oregon Residential Specialty Code (ORSC), Section R318.2 and Oregon Administrative Rule (OAR) 918-480-140, I am notifying the Building Official that I certify all wood framing complies with the moisture content requirements of ORSC Section R318.2 and will take steps to meet this code requirement. [Section R318.2 is provided for reference.]

[R318.2 Moisture Content. Prior to installation of the interior finishes, the Building Official shall be notified in writing by the general contractor that all moisture-sensitive wood framing members used in construction have a moisture content of not more than 19% of the weight of dry wood framing members.]

High-Efficiency Lighting Verification

N1107.2 High-efficiency interior lighting. All permanently installed lighting fixtures shall be high efficiency light sources. High Efficiency Light Sources includes: compact fluorescent lamps, T-8 or smaller diameter linear fluorescent lamps, LED lamps, fixture-integrated illumination devices or other lamp types with an efficacy not less than 65-lumens per watt for each lamp or luminaires with an efficacy not less than 45 lumens per watt for each luminaire.

Exception: Two permanently installed lighting fixtures are not required to be high-efficiency when controlled by a dimmer or automatic control.

N1107.3 High-efficiency exterior lighting. All exterior lighting fixtures affixed to the exterior of the building shall be high-efficiency light sources. High Efficiency Light Sources includes: compact fluorescent lamps, T-8 or smaller diameter linear fluorescent lamps, LED lamps, fixture-integrated illumination devices or other lamp types with an efficacy not less than 65-lumens per watt for each lamp or luminaires with an efficacy not less than 45 lumens per watt for each luminaire.

Exception: Two permanently installed lighting fixtures are not required to be high-efficiency when controlled by automatic control.

By signing, I acknowledge that all information contained in this form is true to the best of my knowledge.

Authorized Representative

Owner

Signature Date

Signature Date

{OR}

Print Date

Print Date



2021 Residential Code / HVAC System & WHV Checklist

Crook County Community Development

300 NE 3rd Street, Room 12, Prineville, Oregon 97754

(541) 447-3211

bld@co.crook.or.us

www.co.crook.or.us

Contact Name: _____ Contact Phone: _____

Site Address: _____ EMAIL: _____

*The following items are **REQUIRED**. A basic drawing in plan view of HVAC system/WHV & energy compliance path is required in addition to the checklist. The Checklist **MUST** be completed before your application will be accepted.*

Check the boxes of the items you are submitting with this application.

INSTALLATION OF DUCTS

Section N1105.3 All new duct systems and air handling equipment and appliances shall be located fully within the building thermal envelope.

Exceptions:

1. Ventilation intake ductwork and exhaust ductwork.
2. Up to 5 percent of the length of an HVAC system ductwork shall be permitted to be located outside of the thermal envelope.
3. Ducts deeply buried in insulation in accordance with all the following:
 - 3.1 Insulation shall be installed to fill gaps and voids between the duct and the ceiling, and a minimum of R-19 insulation shall be installed above the duct between the duct and unconditioned attic.
 - 3.2 Insulation depth marker flags shall be installed on the ducts every 10 feet (3048 mm) or as approved by the building official.

To comply with this requirement (Please select all applicable boxes):

- Ducts will be installed in the conditioned space
- No heating or cooling ducts are being installed
- Ducts in unconditioned attic will have R-19 above and comply with requirements for deeply buried ducts
- Under-floor space will be conditioned and meet the requirements of R408.3 by using:
 - 2.1 Continuously Operated Mechanical Exhaust (Required C.F.M. _____)
 - 2.2 Conditioned Air Supply (Required C.F.M. _____)
- Under-floor space will not be conditioned and ducts will have R-19 insulation installed below duct. (see Oregon Building Codes Division technical bulletin for accepted methods)
- Other method will be used for heating and cooling ducts not in conditioned space.

Please specify:

MECHANICAL WHOLE-HOUSE VENTILATION SYSTEM (WHV)

Section R303.4 Each dwelling unit shall be provided with whole-house mechanical ventilation.

To comply with this requirement; please select all applicable boxes for the system you are utilizing

<input type="checkbox"/>	HRV System
<input type="checkbox"/>	ERV System
<input type="checkbox"/>	Other Method

Please specify: _____

<input type="checkbox"/>	OPTION 1
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TABLE M1505.4.3(1)

CONTINUOUS WHOLE-HOUSE MECHANICAL VENTILATION SYSTEM AIRFLOW RATE REQUIREMENTS

DWELLING UNIT FLOOR AREA (sq ft)	NUMBER OF BEDROOMS				
	0 - 1	2 - 3	4 - 5	6 - 7	> 7
	Airflow in CFM				
< 1,500	30	45	60	75	90
1,501 - 3,000	45	60	75	90	105
3,001 - 4,500	60	75	90	105	120
4,501 - 6,000	75	90	105	120	135
6,001 - 7,500	90	105	120	135	150
> 7,500	105	120	135	150	165

For SI: square foot = 0.0929m², 1 cubic foot per minute = 0.0004719 m³/s.

Section 1505.4 Balanced* WHV is provided with a minimum C.F.M. rate of _____

*Balanced system shall have supply and exhaust rates within a 10% margin

<input type="checkbox"/>	OPTION 2
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TABLE M1505.4.3(2)

INTERMITTENT WHOLE-HOUSE MECHANICAL VENTILATION RATE FACTORS ^{a, b}

RUN-TIME PERCENTAGE IN EACH 4-HOUR SEGMENT	25%	33%	50%	66%	75%	100%
Factor ^a	4	3	2	1.5	1.3	1

a. For ventilation system run time values between those given, the factors are permitted to be determined by interpolation

b. Extrapolation beyond the table is prohibited

Section 1505.4 Balanced* WHV is provided with a minimum C.F.M. rate of _____ and using a 4-hour factor of _____ based on Tables M1505.4.3(1) and (2)

*Balanced system shall have supply and exhaust rates within a 10% margin



Information Notice to Owners About Construction Responsibilities

(ORS 701.325 (3))

Homeowners acting as their own general contractors to construct a new home or make a substantial improvement to an existing structure, can prevent many problems by being aware of the following responsibilities:

- Homeowners who use labor provided by workers not licensed by the Construction Contractors Board, may be considered an employer, and the workers who provide the labor may be considered employees. **As an employer, you must comply with the following:**
- **Oregon's Withholding Tax Law:** Employers must withhold income taxes from employee wages at the time employees are paid. You will be liable for the tax payments even if you don't actually withhold the tax from your employees. For more information, call the Department of Revenue at 503-378-4988.
- **Unemployment Insurance Tax:** Employers are required to pay a tax for unemployment insurance purposes on the wages of all employees. For more information, call the Oregon Employment Department at 503-947-1488.
- **Oregon's Business Identification Number (BIN):** is a combined number for both Oregon Withholding and Unemployment Insurance Tax. To file for a BIN, go online to the Oregon Business Registry. For questions, call 503-945-8091.
- **Workers Compensation Insurance:** Employers are subject to the Oregon Workers Compensation Law, and must obtain Workers Compensation Insurance for their employees. If you fail to obtain Workers Compensation Insurance, you could be subject to penalties and be liable for all claim costs if one of your workers is injured on the job. For more information, call the Workers Compensation Division at the Department of Consumer and Business Services at 800-452-0288.
- **Tax Withholding:** Employers must withhold Social Security Tax and Federal Income Tax from employee wages. You may be liable for the tax payment, even if you didn't actually withhold the tax. For a Federal EIN number, go online to www.irs.gov.

Other Responsibilities of Homeowners:

- **Code Compliance:** As the permit holder for a construction project, the homeowner is responsible for notifying building officials at the appropriate times, so that the required inspections can be performed. Homeowners are also responsible for resolving any failure to meet code requirements that may be found through inspections.
- **Property Damage and Liability Insurance:** Homeowners acting as their own contractors should contact their insurance agent to ensure adequate insurance coverage for accidents and omissions, such as falling tools, paint overspray, water damage from pipe punctures, fire, or work that must be redone. Liability Insurance must be sufficient to cover injuries to persons on the job site who are not otherwise covered as employees by Workers Compensation Insurance.
- **Expertise:** Homeowners should make sure they have the skills to act as their own general contractor, and the expertise required to coordinate the work of both rough-in and finish trades.

CONSTRUCTION CONTRACTORS BOARD
PO Box 14140, Salem, OR 97309-5052
Telephone: 503-378-4621 – Fax: 503-373-2007
Website Address: www.oregon.gov/ccb

Property Owner Statement Regarding Construction Responsibilities

Oregon Law requires residential construction permit applicants who are not licensed with the Construction Contractors Board to sign the following statement before a building permit can be issued. (ORS 701.325 (2))

This statement is required for residential building, electrical, mechanical, and plumbing permits. Licensed architect and engineer applicants, exempt from licensing under ORS 701.010 (7), need not submit this statement. This statement will be filed with the permit.

Please check the appropriate box:

I own, reside in, or will reside in the completed structure and my general contractor is:

Name

CCB#

Expiration Date

I will inform my general contractor that all subcontractors who work on the structure must be licensed with the Construction Contractors Board.

or

I will be performing work on property I own, a residence that I reside in, or a residence that I will reside in. If I hire subcontractors, I will hire only subcontractors licensed with the Construction Contractors Board. If I change my mind and hire a general contractor, I will select a contractor who is licensed with the CCB and will immediately give the name of the contractor to the office issuing this Building Permit.

I have read and understand the Information Notice to Homeowners About Construction Responsibilities, and I hereby certify that the information on this homeowner statement is true and accurate.

Print Name of Permit Applicant

Signature of Permit Applicant

Date

Permit #: _____

Address: _____

Issued by: _____ Date: _____





Crook County Community Development

300 NE 3rd Street, Prineville, OR 97754

Phone: (541) 447-3211 Fax: (541) 416-2139

Email: bld@co.crook.or.us Website: www.co.crook.or.us

AUTHORIZATION FORM

Let it be known that _____
(Print name clearly)

has been retained to act as my authorized agent to perform all acts for development on my property noted below. These acts include: Pre-application conference, filing applications, and/or other required documents relative to all permit applications in regards to this project.

Physical address of property: _____ and described in the records of
CROOK COUNTY, Oregon as map/tax number: _____

The costs of the above actions, which are not satisfied by the agent, are the responsibility of the undersigned property owner.

PROPERTY OWNER (Please print clearly)

Printed Name: _____ Date: _____

Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail: _____

- Individual Corporation Limited Liability Corporation Trust

IMPORTANT NOTE: If the property is owned by an entity, include the names of all the authorized signers. If a Corporation: Provide the name of the President, or other authorized signor (s). If a LLC: Provide the names of ALL members and managers. If a Trust: Provide the name of the current Trustee (s).

In addition, if you are a corporation, you will need to include a copy of the bylaws, an operating agreement if you are an LLC, or Certificate of Trust if you are a trust that verifies authority to sign on behalf of the entity

APPROVED AGENT

Printed Name: _____ Date: _____

Signature: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

eMail: _____