



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Factory Assembled Structures  
PO Box 44430 Olympia, WA. 98506-4430

**WAC 296-150F/C-0510 How do I request an inspection?** (1) You must contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the definition of department.

We must receive in-state inspection requests at least seven calendar days prior to the date that you want the inspection.

**PLEASE NOTE THE SEVEN CALENDAR DAYS CAN BE WAIVED UPON APPROVAL BY THE DEPARTMENT**

1. The Manufacturer Number (M-) or (CC-) where the structure is being built: \_\_\_\_\_

2. Date of Inspection(s) at the Manufacturing Plant: \_\_\_\_\_

3. The type of Inspection(s) needed. Please check the appropriate inspection(s):

Floor Cover: \_\_\_\_\_

Frame Cover: \_\_\_\_\_

Plumbing Cover: \_\_\_\_\_

Mechanical Cover: \_\_\_\_\_

Electrical Cover: \_\_\_\_\_

Energy Code Cover: \_\_\_\_\_

Electrical Final: \_\_\_\_\_

Final Inspection: \_\_\_\_\_

4. Is this the first inspection for this unit? YES / NO

5. The Date the Insignia(s) and NLEA was applied for, if final inspection: \_\_\_\_\_

6. The Manufacturers Building Serial Number: \_\_\_\_\_

7. The State Plan Approval Number: \_\_\_\_\_

8. Map and or Direction to the Manufacturing Plant Location where the Audit is to be done. Contact information of the individual(s) to be present for the inspection:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical address of the place of inspection: \_\_\_\_\_

\_\_\_\_\_

9. Contact name, phone number and email address of the appropriate plant personnel:

\_\_\_\_\_

10. All the above information is to be emailed to following contact for scheduling:

FAS Plan Review ([FAS1@LNI.WA.GOV](mailto:FAS1@LNI.WA.GOV)) or FAX (360) 902-5229

If we may be of any assistance please contact us at 1-800-705-1411 Option 3.