

CITY OF MILPITAS
Building Safety & Housing
Department
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Milpitas, CA 95035
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APPLICATION FOR RECOGNITION AS A THIRD-PARTY FIELD EVALUATION BODY (FEB)

Please complete the below application form from NFPA 790, the Standard for Competency of Third-Party Field Evaluation Bodies. If you had prior approval, please indicate any changes in key personnel, equipment, or scope of assignments since your prior approval. If not, please so state. Please submit the application to BuildingPermitCenter@ci.milpitas.ca.gov We will notify you upon completion of our evaluation of your application. Thank you.

APPLICATION FOR RECOGNITION AS A THIRD-PARTY FIELD EVALUATION BODY (FEB)

Corporation or Company Information

Legal name:

Mailing address (for main office):

City: _____ State: _____ ZIP: _____ County: _____

Street address (if different from mailing address):

City: _____ State: _____ ZIP: _____ County: _____

Attach addresses for all other locations on a separate page.

Corporation or Company Legal Entity Information

Provide a certified copy of Registration, or other appropriate document, with a State or Province as a legal sole proprietorship, partnership, corporation, or LLC. Organizations having only a registration of a "fictitious business name" or no other documentation as a business entity are not considered legally identifiable.

Attach separate documentation showing legal status in the form of the company's Articles of Incorporation or Registration, as registered with the State or Province in which the company is operating.

Provide the names, titles, and business affiliations of principal officers affiliated with the FEB.

Corporation or Company Organization

Submit on a separate page the FEB Organizational Chart showing the organizational elements involved, key positions, relationships between components from the chief executive officer, or equivalent, to the project-handling individuals. Provide the names and titles of specific key individuals, including Technical Manager, Operations Manager, and any other supervisory personnel directly related to Field Evaluation operations.

First name: _____ Last name: _____ Title: _____

Business affiliation:

Corporation or Company Organization (continued)

Provide evidence of independence from any manufacturers, suppliers, distributors, or installers of the products to be evaluated (attach separate pages as necessary).

FEB Personnel

Provide the educational background, training experience, professional licenses, registrations or certificates, and other applicable qualifications for each of the following key personnel: Technical Manager, direct Supervisor of FEB operations, and individual(s) managing the management system defined in Section 5.5 of NFPA 790.

Provide the minimum competency for personnel completing Field Evaluation projects, including educational background, experience, training, and professional registration.

Provide a complete description of the training program and the auditing process to ensure continued accuracy, validity, and uniformity for performing evaluations.

Provide records, including dates of the observation or examination, of the performance or personnel performing evaluations.

Indicate any involvement the FEB will have in the design, promotion, or sale of the products being tested; engineering of projects where equipment could be specified; and contracting of any project where the project could be used. Provide a copy on policy for limiting conflict of interest in the evaluation of products per 5.2.6 of NFPA 790.

Products Requested for Recognition

In the following section, indicate the product or products the FEB is applying for recognition. Use Annex C of NFPA 790 or indicate the reference standard(s) as the basis for this list. The FEB is to be prepared to substantiate qualifications to complete Field Evaluations for each of the product categories listed.

Product identification:

Reference standards:

Management System

Submit a copy of the FEB management system manual as described in 5.5.2 of NFPA 790.

Procedures and Test Equipment

Submit documentation on the procedures and practices the FEB utilizes to complete Field Evaluations. This is to be in the form of the detailed process to be followed; references only to standards or practices is not acceptable (attach separate pages as needed).

Provide an inventory list of test and measurement equipment used for evaluations and include the calibration schedule; see Chapter 13 of NFPA 790. Provide calibration reports on all test and measurement equipment used for evaluations for the past 5 years or, for companies with less than 5 years of records, since the beginning of operations.

Submit calibration procedures for test and measurement equipment used for evaluations when in-house calibration is used. Submit name(s) of outside calibration laboratories used for calibrating equipment used for evaluations and provide a copy of accreditation for such equipment. Outside calibration laboratories are accredited by the following third-party organizations: National Voluntary Laboratory Accreditation Program (NVLAP), American Association for Laboratory Accreditation (A2LA), or equivalent.

Procedures and Test Equipment (continued)

Where an outside calibration organization is not, accredited by NVLAP, A2LA, or equivalent for the test and measurement equipment they are contracted to calibrate, provide the FEB's audit procedures to ensure that the procedures of the outside calibration organization meet minimum requirements for test and measurement equipment calibration and traceability to recognized national or international standards.

Records

Describe the key records that are maintained and the retention period, including a minimum; inspection, testing, and evaluation data sheets; evaluation reports; test and measurement calibration records; personnel qualifications; and training records.

Sample Report

Provide one sample evaluation report of the type the FEB produces or intends to produce. The sample report should contain the element as identified in NFPA 791, Recommended Practice and Procedures for Unlabeled Electrical Equipment Evaluation.

Authorized Representative

The following information is for identifying the authorized representative for contacting and coordinating the recognition.

First name: _____ Last name: _____ Position: _____
Phone: _____ Fax: _____ E-mail: _____