



PO Box 980247 • West Sacramento, CA 95798-0247
 (916) 372-9943 • Fax (916) 372-9950 • info@woodinst.com • www.woodworkinstitute.com

MONITORED COMPLIANCE PROGRAM (MCP) Request and Authorization to Monitor Form

(Please Type or Print Clearly)

WOODWORK INSTITUTE MONITORED COMPLIANCE REGISTRATION# _____ Date _____

1. Project Name: _____
 Address: _____

2. Date contract signed: _____ Estimated Date of Installation: _____ Manual/Amend. Dates: _____

We hereby request the Woodwork Institute to monitor the progress and performance on our millwork contract for the above referenced project, including the product types checked below. We certify that all work will conform to the project plans, specifications, and the Woodwork Institute *ARCHITECTURAL WOODWORK INSTITUTE* for the Woodwork Institute GRADE(s) specified:

- Exterior Millwork Interior Millwork Doors Casework Countertops Installation Finishing
 Other _____

3. Architect: _____ Phone: _____
 Address: _____ Fax: _____

4. Inspector of Record: _____ Phone: _____
 Address: _____ Fax: _____

5. General Contractor: _____ Phone: _____
 Address: _____ Fax: _____

6. Int/Ext Woodwork Supplier: _____ Phone: _____
 Address: _____ Fax: _____

7. Casework Manufacturer: _____ Phone: _____
 Address: _____ Fax: _____

8. Door Supplier: _____ Phone: _____
 Address: _____ Fax: _____

9. Door Manufacturer: _____ Phone: _____
 Address: _____ Fax: _____

10. Counter Top Manufacturer: _____ Phone: _____
 Address: _____ Fax: _____

11. Finisher: _____ Phone: _____
 Address: _____ Fax: _____

12. Installer: _____ Phone: _____
 Address: _____ Fax: _____

13. INCLUDE A COPY OF THE APPLICABLE PLANS & SPECIFICATIONS, YOUR SUBCONTRACT, ANY APPROVED CHANGE ORDERS & WRITTEN SUBSTITUTIONS.

14. A COPY OF THE SHOP DRAWINGS MUST BE AVAILABLE AT TIME OF THE FIRST INSPECTION.

15. WE ASSUME THERE ARE NO MODIFICATIONS TO THE ARCHITECTURAL PLANS AND/OR SPECIFICATIONS UNLESS ATTACHED HEREWITH.

16. CONTACT THE WOODWORK INSTITUTE ADMINISTRATIVE OFFICE (916-372-9943) FOR FURTHER DIRECTIONS.

The Woodwork Institute is hereby authorized to monitor our subcontract work on this project, and we agree to pay all applicable costs. We attest that said products and/or installation will meet the minimum requirements of the contract documents, including the Woodwork Institute *ARCHITECTURAL WOODWORK INSTITUTE* for the Woodwork Institute GRADE specified (except as may have been modified by the plans and/or specification), and we shall defend and hold the Institute harmless from all claims and demands arising out of any failure or claimed failure to meet those requirements.

Firm Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Signature: _____ Title: _____

For a list of our Directors of Architectural Services, please visit:
www.woodworkinstitute.com,
 or call the WI Administrative Office, (916) 372-9943