



# TESTING LAB INFORMATION

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Name of Testing Lab\*: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Selection of the testing lab is final and owner shall retain test lab to conduct required special inspections*

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Engineer: \_\_\_\_\_

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

Name of Architect: \_\_\_\_\_

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

Name of Geotechnical Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Soils report #: \_\_\_\_\_

Soils Report Date: \_\_\_\_\_

*The geotechnical engineer of record shall provide verification of soil design.*

I certify that I am the: (check all that apply)

- Property owner
- Building owner
- Business owner
- Agent of property owner, but not the contractor
- Agent of building owner, but not the contractor
- Agent of business owner, but not the contractor

\_\_\_\_\_  
Signature of property/building/ business owner OR  
Signature of agent of owner, excluding contractor

Date: \_\_\_\_\_

\* May use any special inspection agency approved by Washington Association of Building Officials (WABO) for type of inspection required