

CERTIFICATE OF COMPLIANCE-ACCEPTED FOLDING AND TELESCOPIC SEATING FABRICATOR

Certification form to be completed by the fabricator's design professional of the folding and telescopic seating at the completion of fabrication. Completed form is to be submitted to the owner, project inspector, the engineer or architect in general responsible charge, and DSA. Note that **DSA-approved** construction documents, referred to below, are those portions of the construction documents, duly approved by DSA, that contain information related to and affecting the Structural Safety, Fire/Life Safety, and Accessibility portions of the project.

(Use this form only for folding and telescopic bleachers fabricated in an accepted fabrication shop per DSA IR 16-5.16)

PROJECT INFORMATION:	
Folding and Telescopic Seating ID:	DSA File #: -
Project Name/School:	DSA App. #: -

ATTACHMENTS: (All boxes for attachments must be checked for the submittal to be considered complete.)	
<input type="checkbox"/>	Welding inspection reports for shop welds.
<input type="checkbox"/>	Mill certification for seatboards, footboards, and all fastener components.

I attest that, based on my own personal knowledge (as defined in California Code of Regulations, Title 24, Part 1, Sections 4-336 and 4-214) that, as of the date of this document, the work has been performed and the materials have been used for the fabrication of folding and telescopic seating identified above, in every material respect, in compliance with the DSA-approved construction documents. I declare under penalty of perjury that I prepared this document and that all statements checked below are true.

CONSTRUCTION CHANGES AS OF THIS DOCUMENT DATE: (Check applicable box)	
<input type="checkbox"/>	No changes to the DSA-approved folding and telescopic seating construction documents.
<input type="checkbox"/>	All changes to the DSA-approved folding and telescopic seating construction documents have been approved by DSA.

Fabricator's Design Professional Signature: _____ Date: _____

Print Full Name: _____ CA Reg./Lic. #: _____