Department of Labor and Industries
Factory Assembled Structures
PO Box 44430
Olympia WA 98504-4430

Paid date	Column	Check	Fee $

NOTIFICATION TO LOCAL ENFORCEMENT AGENCY

www.wa.gov/lni/FAS/
(case sensitive)

Date	M
Mfg	

The Factory-Built unit identified below requires completion work at the site as specified.

Owner's name	Mfgr's serial no.		Dept serial no.
Installation address	Type of construction	Occupancy	ETA at site
City / State / ZIP+4	County		Phone number

Installation site is in: ☐ **City** ☐ **County**

DESCRIBE ITEMS REQUIRING COMPLETION WORK AT THE SITE

BUILDING DEPARTMENT **www.wabo.org/** **INSERT NAME AND ADDRESS IN SHADED AREA**	**ELECTRICAL DEPARTMENT** **www.wa.gov/lni/electrical/** **INSERT NAME AND ADDRESS IN SHADED AREA**
To:	To:

Inspector's name (print/type)	Phone: (8 am to 5 pm)	Manufacturer's name (print/type)	
Office location		Date / /	Manufacturer's signature

For Dept. Use ONLY	Rec'd / /	File	By

White - Olympia office
Green - Electrical section
Canary - Inspector
Pink - Building department
Goldenrod - Customer