



**Application and/or Request for Quote for  
MET Safety Inspection Services for Field Evaluation**

Applicant Company Name	
Applicant Address:	
Applicant Contact Information: Name, Phone, E-mail	
Inspection Required: Include a no later than date	
Authority Having Jurisdiction: Include the jurisdiction, inspector's (or person requiring the inspection) name, mailing address, phone number, and email address	
Location where the Inspection to take place (for preliminary purposes only):	
Location of Final Installation/Inspection of the Equipment:	
Point Of Contact at the Inspection Location: Name, Phone Number and email address (if available)	
Equipment Requiring Inspection (If not equipment, what requires inspection) Quantity of Identical Pieces:_____ <b>(Required)</b>	
(Note: Please include a brief description of the equipment, method of control, electrical properties of the equipment, and whether the equipment is new or has been used in the past) If the equipment uses gas, is medically related, or contains any materials than meet hazardous notification requirements include this information MET may contact you for additional information) <b>Please use the attached for multiple different items/configurations.</b>	
Please provide the following for all equipment, if they do not exist or are not accessible please indicate as such: <ul style="list-style-type: none"> <li>• Layout drawings</li> <li>• Electrical schematics</li> <li>• Bill of Materials</li> <li>• Limitations/conditions of acceptability for components</li> </ul>	
<b>I have read and understood the terms and conditions for MET's Field Evaluation Program</b>	
Signature of Applicant:	
Date:	

**Additional Equipment Requiring Inspection (if needed):**

Equipment Requiring Inspection (If not equipment, what requires inspection)

Quantity of Identical Pieces: \_\_\_\_\_ **(Required)**

(Note: Please include a brief description of the equipment, method of control, electrical properties of the equipment, and whether the equipment is new or has been used in the past) If the equipment uses gas, is medically related, or contains any materials than meet hazardous notification requirements include this information MET may contact you for additional information)

Equipment Requiring Inspection (If not equipment, what requires inspection)

Quantity of Identical Pieces: \_\_\_\_\_ **(Required)**

(Note: Please include a brief description of the equipment, method of control, electrical properties of the equipment, and whether the equipment is new or has been used in the past) If the equipment uses gas, is medically related, or contains any materials than meet hazardous notification requirements include this information MET may contact you for additional information)

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