



**COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
BUILDING DIVISION
P.O. Box 1609, Mammoth Lakes, CA 93546
Phone: (760) 965-3630
Fax: (760) 934-7493
www.townofmammothlakes.ca.gov**

Town of Mammoth Lakes Approved Fabricator Requirements

Business Name: _____

Address: _____

California C-51 License:

License Holders Name: _____

License Number: _____

Town of Mammoth Lakes Business License: _____

Workers Comp Policy: _____

Liability Insurance: _____

Number of Welders Employed: _____

AWS Certifications:

Name: _____ Cert. Number: _____

Name: _____ Cert. Number: _____

Name: _____ Cert. Number: _____

Shop Certifications:

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Approval by other California Jurisdictions:

Jurisdiction: _____

Jurisdiction: _____

Third Party Special Inspection Audit:

Special Inspectors Name: _____

Special Inspectors Certification Number: _____

Stamp: _____

	Approved	Failed
1. Fabricator's written procedural and quality control Manuals.	_____	_____
2. Fabrication practices.	_____	_____
3. Verify and special supply storage requirements.	_____	_____
4. Equipment Condition.	_____	_____
5. Verification of certifications and continuity logs.	_____	_____

Comment/Observations