



COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT

BUILDING DIVISION

PO Box 1609, Mammoth Lakes, CA 93546

(760) 965-3632

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www.townofmammothlakes.ca.gov

Approved Fabricator Requirements

Business Name: _____

Fabricator Name: _____

Address: _____

California C-51 License:

License Holder's Name: _____

License Number: _____

Project: _____

Address: _____

Building Permit # _____

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: _____

Approval by other California Jurisdictions:

Jurisdiction: _____

Jurisdiction: _____

Third Party Special Inspection Audit:

Special Inspector's Name: _____

Special Inspector's Certification Number: _____

Stamp: _____

Approved Failed

1. Fabricator's written procedural and Quality Control Manuals.
2. Fabrication practices.
3. Verify special supply storage requirements.
4. Equipment Condition.
5. Verification of certifications and continuity logs.

Comment/Observations

Five most recent structural steel projects:

Project: _____

Location: _____

Special Inspector/Agency: _____

Project: _____

Location: _____

Special Inspector/Agency: _____

Project: _____

Location: _____

Special Inspector/Agency: _____

Project: _____

Location: _____

Special Inspector/Agency: _____

Project: _____

Location: _____

Special Inspector/Agency: _____