Inspection Agent Letter of Authorization
And Request for IVR PIN Number

Please Print

Circle the type of contractor: Electrical/ Mechanical/ Plumbing/ Irrigation/ General Contractor

Company/Organization Name: _____
General Contractor's License #:_____

Name of Trade Master License Holder _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Office Number (area code): _____Fax Number (area code) _____
Any other phone numbers (area code): _____
Email Address: _____

State Master Electric License #:_____ State Master Electric Contractor License #:_____
State Master Plumbers License#:_____ State Master Mechanical License #:_____
State Master Irrigator License #: _____ State Fire Line Contractor License #: _____

I authorize the following agents to schedule inspections. I understand that it is my responsibility to update the Inspection Agent form. I understand that if I do not list any agents to schedule inspections, they will not be authorized until the contractor's letter of authorization form is filled out completely.

If you do not wish to add any agents please place **N/A** in the blank.
AGENTS:
First Name: _____Middle Initial: _____Last Name: _____
Email Address: _____

First Name: _____Middle Initial: _____Last Name: _____
Email Address: _____

First Name: _____Middle Initial: _____Last Name: _____
Email Address: _____
(If additional Agents need to be listed continue on an additional sheet of paper)

Please Note:

- The Interactive Voice Recognition (IVR) Personal Identification Number (PIN) will be issued for each person listed.
- The IVR PIN does not work as the PIN for the Registered User PIN on the City of Austin's Development, Reviewing, Permitting and Inspection web site at: http://www.ci.austin.tx.us/devreview/index.jsp.
- To use the City of Austin's Development, Reviewing, Permitting and Inspection web site each individual agent complete the two step registration process to schedule inspections online. After completing Step 2 they will be able to choose their own PIN or password.

Date: _____

Signature of Contractor_____ Print Name:_____

Please return this form to: **Building Inspections**
City of Austin
505 Barton Springs Road, 3rd floor
Austin, Texas 78704
Or Fax to: **(512) 974-6466**