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## MONITORED COMPLIANCE PROGRAM (MCP) Request and Authorization to Monitor Form

(Please Type or Print Clearly)

1. Project Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_
2. Bid Date: \_\_\_\_\_ Estimated Date of Installation: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

We hereby request the Woodwork Institute to monitor the progress and performance on our millwork contract for the above referenced project, including the product types checked below. We certify that all work will conform to the project plans, specifications, and the Woodwork Institute *NORTH AMERICAN ARCHITECTURAL WOODWORK STANDARDS* for the **GRADE(s)** specified:

- Exterior Millwork     Interior Millwork     Doors     Casework     Countertops     Installation     Finishing  
 Other \_\_\_\_\_

3. Architect: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
4. Inspector of Record: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
5. General Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
6. Int/Ext Woodwork Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
7. Casework Manufacturer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
8. Door Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
9. Door Manufacturer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
10. Counter Top Manufacturer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
11. Finisher: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_
12. Installer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_

13. **INCLUDE A COPY OF THE APPLICABLE PLANS & SPECIFICATIONS, YOUR SUBCONTRACT, ANY APPROVED CHANGE ORDERS & WRITTEN SUBSTITUTIONS.**
14. **A COPY OF THE SHOP DRAWINGS MUST BE AVAILABLE AT TIME OF THE FIRST INSPECTION.**
15. **WE ASSUME THERE ARE NO MODIFICATIONS TO THE ARCHITECTURAL PLANS AND/OR SPECIFICATIONS UNLESS ATTACHED HEREWITH.**
16. **CONTACT THE WOODWORK INSTITUTE OFFICE (916-372-9943) FOR FURTHER DIRECTIONS.**

The Woodwork Institute is hereby authorized to monitor our subcontract work on this project, and we agree to pay all applicable costs. We attest that said products and/or installation will meet the minimum requirements of the contract documents, including the Woodwork Institute *NORTH AMERICAN ARCHITECTURAL WOODWORK STANDARDS* for the GRADE specified (except as may have been modified by the plans and/or specification), and we shall defend and hold the Institute harmless from all claims and demands arising out of any failure or claimed failure to meet those requirements.

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

For a list of our Directors of Architectural Services, please visit: [www.woodworkinstitute.com](http://www.woodworkinstitute.com) or call the WI Administrative Office at (916) 372-9943