

FACTORY BUILT TEMPORARY WORKER HOUSING STRUCTURES  
REGULATIONS

Effective: March 15, 2024 through October 31, 2026

For structures designed to the 2021 Washington State Building Code, effective March 15, 2024, refer to the codes shown on the [Washington State Building Code Council Website](#).

Factory built temporary worker housing structures built to be sited in Washington State are inspected by the Department of Labor and Industries, Factory Assembled Structures Program and are to be constructed to comply with the following codes.

1. Rules for Factory Built TWH Structures

Chapter [296-150T WAC](#)

(Note: Our [website](#) may contain additional information or explanations)

2. Temporary Worker Housing Construction Standard

Chapter 246-358 and 246-359 WAC

3. International and Uniform Codes as Adopted in accordance with the Washington State Building Code RCW 19.27 and RCW 19.27A. NOTE: see WAC 296-150T and the TWH construction standards referenced above for applicable sections.

4. Washington State Electrical Laws, Rules and Regulations:

- A. RCW 19.28; WAC 296-46B (current edition)
- B. National Electrical Code (NEC) as currently adopted by RCW 19.28 and WAC 296-46B
- C. Except as required by WAC 246-359-540(2).

5. Also enclosed for your use are:

- "Plan Approval Request" form and instructions for completing.
- "Application for Insignia" form and instructions for completing.
- Special Inspection and Structural Observation form.
- Inspection information and request forms.
- Manufacturer's contact information.

**For Postal Delivery**

Department of Labor and Industries  
Factory Assembled Structures  
PO Box 44430  
Olympia WA 98504-4430



**For Non-Postal Delivery (e.g., FedX, UPS)**

Department of Labor and Industries  
7273 Linderson Way SW  
Tumwater WA 98501

*Applicant: Fill out completely*

Manufacturer	Mfg No.
Plans to be returned to: Address	
City/State/ZIP	

**FOR DEPARTMENT USE ONLY**

For Ledge Sht #	Check #	\$ Amount	Application ID
Ap No.	Date approved	Expiration date	

**PLAN APPROVAL REQUEST  
TEMPORARY WORKER HOUSING STRUCTURES**

Contact person's printed name:	Date	Fee enclosed \$
Signature	Phone No ( )	FAX No ( )

New plan \_\_\_\_\_ See \_\_\_\_\_ Initial MFG filing \_\_\_\_\_ No fee required \_\_\_\_\_  
 Addendum \_\_\_\_\_ AP No. \_\_\_\_\_ WAC \_\_\_\_\_ Resubmittal \_\_\_\_\_ Appl ID \_\_\_\_\_  
 Renewal \_\_\_\_\_ AP No. \_\_\_\_\_ 296-150T \_\_\_\_\_ for fees \_\_\_\_\_

Code cycles (month/year):  
 UPC: \_\_\_\_\_ / \_\_\_\_\_ NEC: \_\_\_\_\_ / \_\_\_\_\_ UMC: \_\_\_\_\_ / \_\_\_\_\_  
 Size of building:  
 Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area (Sq Ft): \_\_\_\_\_ No of modules: \_\_\_\_\_  
 Type construction: \_\_\_\_\_ Use: \_\_\_\_\_  
 Roof live load PSF: \_\_\_\_\_  
 Type heat:  Central forced air  Hydronics  Baseboard  Cable  Fan powered room heater  Other: \_\_\_\_\_  
 Type of fuel:  Electric  Solar  Wood  Heat pump  Natural gas  Propane  Oil  
 Insulation values: Floor \_\_\_\_\_ Walls \_\_\_\_\_ Roof (Flat) \_\_\_\_\_ Roof (Vault) \_\_\_\_\_  
 Electrical service: Phase  1  3  
 Amps \_\_\_\_\_

	N/A	Attached	
Structural calculations or test proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Truss or rafter drawing(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Truss plan if over 3 different trusses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Girder truss or ridge beam drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
HVAC drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Cross section and elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Electrical load demand calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Panel box schedule/Electric load calc's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
Plumbing systems:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On file - AP# _____
			<input type="checkbox"/> On file - AP# _____
			<input type="checkbox"/> On file - AP# _____

Operating pressure \_\_\_\_\_ No of fixtures \_\_\_\_\_ to \_\_\_\_\_ Total developed length \_\_\_\_\_

Applicant: Fill out completely

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Department of Labor and Industries
7273 Linderson Way SW
Tumwater WA 98501

Manufacturer (1) Mfg No. (2)
Plans to be returned to: Address
City/State/ZIP

FOR DEPARTMENT USE ONLY
Fee 12/26/81# Check # Amount Application ID
Ap No. Date approved Expiration date

PLAN APPROVAL REQUEST
TEMPORARY WORKER HOUSING STRUCTURES

Contact person's printed name: Date Fee enclosed \$
Signature (3) Phone No ( ) FAX No ( )
New plan (4) Addendum (7) AP No. Renewal (9) AP No.
Initial MFG filing (5) No fee required (6)
Resubmittal (8) Appl ID
See WAC 296-150T for fees

Code cycles (month/year): (10)
UPC: / NEC: / UMC: /
Size of building: (11) Width: Length: Area (Sq Ft): No of modules: (12)
Type construction: (13) Use:
Roof live load PSF: (14)
Type heat: (15) Central forced air Hydronics Baseboard Cable Fan powered room heater Other
Type of fuel: (16) Electric Solar Wood Heat pump Natural gas Propane Oil
Insulation values: (17) Floor Walls Roof (Flat) Roof (Vault) Electrical service: (18) Phase 1 3 Amps

(19) N/A Attached
Structural calculations or test proposals
Truss or rafter drawing(s)
Truss plan if over 3 different trusses
Girder truss or ridge beam drawing
HVAC drawing
Cross section and elevation
Electrical load demand calculation
Panel box schedule/Electric load calc's
Plumbing systems:
Operating pressure (20) No of fixtures to Total developed length

INSTRUCTIONS FOR PLAN APPROVAL REQUEST FOR FACTORY BUILT  
TEMPORARY WORKER HOUSING

1. Provide Manufacturer or applicant name, address, and telephone number.
2. Manufacturer ID number is assigned upon approval of First Plan. i.e. TWH-222.
3. Print and sign the name of the contact person responsible for this plan should questions about this submittal arise. Include on this line the date this plan was sent to the Department and the Fee enclosed for this building. Sec [WAC 296-150T-3000](#) for fee schedule. Provide an extension number or direct line and FAX number if available for the contact person.
4. Use this line if this is a new plan submitted for the first time. Indicate the appropriate fee paid.
5. Use this line only if this is the first application from a manufacturer. This is a ONE TIME ONLY FEE for each category of structure. Sec [WAC 296-150T-3000](#) for current fees.
6. Check this line if no fee is required.
7. Use this line only if the submittal is an ADDENDUM to a previously approved plan. Indicate the fee paid and the approved plan number that you wish to amend.
8. Use this line only if this is a resubmittal response to a previously reviewed and rejected plan. Indicate the fee required for resubmittals. The application ID is not currently being used and may be left blank.
9. Use this line only when you wish to renew a previously approved plan. Indicate either the fee for renewals. Use the Ap No. line to show the approved plan number you wish to renew.
10. Use this line to indicate the codes under which this plan is being submitted. As of July 1, 2010 these would be: IMC; UPC; 7/10; NEC 12/08; Please note, that the date for each code indicates the month and year of the beginning of enforcement of that code or the latest amendment enforced for that code by the Department, not the year of the code publication.
11. Show the width and length of the building. For irregular buildings, give the longest dimensions. Include the square foot area of the building.
12. Use this space to show the total number of modules required to construct one whole building.
13. Use this line to indicate the type of construction of the building such as wood or steel etc. Indicate use of this building, e.g. bunkhouse, kitchen, dining room etc...
14. Show the roof live load capacity in pounds per square foot.

15. If applicable, check the type of heating to be installed in the building. Use "other" to describe systems not shown or to indicate *N/A* if no heating or cooling system is installed.
16. Check the type of fuel used in the heating or cooling system,
17. Show the insulation value for floors, walls and roof that are to be installed in the building.
18. Show the size of the Electric Service for the whole building. Also indicate whether this is a single or three phase system.
19. This section is meant to act as a checklist for some of the information that would be necessary to approve the structure. Not all elements may be applicable to your plan and as such may be 'N/A'ed. If the element is to be reviewed by L&I and is attached for review, so indicate in the second column. If the element or system is already approved as part of another plan and is identical to this plan, you may reference the approved plan number that is "on file" in the third column. See the procedures on the back of the Plan Approval Request form for additional submittal requirements.
20. Provide plumbing system operating pressure whenever plumbing fixtures are installed in the building. Provide the number of fixtures (not fixture units) that are installed in the building. When design options are used to vary the number of fixtures provide the minimum to maximum number. Provide the total developed length of the water supply system. Developed length is the distance measured along the pipe run from the meter to the most remote fixture. For self-contained commercial coach units, the developed length is from the pump to the most remote fixture.

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 Department Labor and Industries  
 Factory Assembled Structures  
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 Olympia WA 98504-4430



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 Factory Assembled Structures  
 7273 Linderson Way SW  
 Tumwater WA 98501

*Fill out completely*

Manufacturer		Mfg No.
Production Facility Address		
City/State/ZIP		
Telephone No		Fax No.
<b>FOR DEPARTMENT USE ONLY</b>		
Fee Ledger Sheet No	USE ONLY Check No.	\$ Amount.

**APPLICATION FOR INSIGNIA**  
**FACTORY BUILT TEMPORARY WORKER HOUSING**

**SUBMIT ONE COPY - NOTE: A separate form is to be used for each building unless multiple buildings have the same plan approval addendum and design options.**

Contact person's printed name:	Date	Fee enclosed \$
Phone No ( )	FAX No ( )	Signature

**A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION -- NOT SUBJECT TO REFUND**  
**PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES**

**Important - Each insignia is assigned to a specific vehicle - Only one insignia per section**

1.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
RF	W	ESL	P	HTG	NLEA	
2.	<b>Mfg. Serial No.</b>	<b>POD .....</b>	<b>Dept Insignia No.</b>	<b>Approved Plan No.</b>	<b>Design option.</b>	Fee
		<b>OF .....</b>				\$
3.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
4.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
5.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
6.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
7.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
8.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
9.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$

*continued on reverse*

**Manufacturer to complete**

**Via**  Regular mail  Overnight at customer expense  Other  Carrier \_\_\_\_\_  
 Acct # \_\_\_\_\_

Number of tags: \_\_\_\_\_

FOR DEPARTMENT USE ONLY		
Date	Insignia Released by:	To:

10.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
RF	W	ESL	P	HTG	NLEA	
		/				
11.	<b>Mfg. Serial No.</b>	<b>POD .....</b>	<b>Dept Insignia No.</b>	<b>Approved Plan No.</b>	<b>Design option.</b>	Fee
		<b>OF .....</b>				<b>\$</b>
12.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
13.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
14.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
15.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
16.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
17.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
18.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
19.	<b>Mfg. Serial No.</b>	<b>POD .....</b>	<b>Dept Insignia No.</b>	<b>Approved Plan No.</b>	<b>Design option.</b>	Fee
		<b>OF .....</b>				<b>\$</b>
20.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
21.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
22.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
23.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
24.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
25.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
26.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
27.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$
28.	Mfg. Serial No.	POD .....	Dept Insignia No.	Approved Plan No.	Design option.	Fee
		OF .....				\$

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7273 Linderson Way SW  
Tumwater WA 98501

*Fill out completely*

MANUFACTURER <b>(1)</b>	MFG NO. <b>(2)</b>
PRODUCTION FACILITY ADDRESS	
CITY/STATE/ZIP	
TELEPHONE NO.	FAX NO.
<b>FOR DEPARTMENT USE ONLY</b>	
FEE LEDGER SHEET NO.	CHECK NO.
AMOUNT	

# APPLICATION FOR INSIGNIA

## FACTORY BUILT TEMPORARY WORKER HOUSING

**SUBMIT ONE COPY - NOTE: A separate form is to be used for each building unless multiple buildings have the the same plan approval, addendum and design options.**

Contact person's printed name: <b>(3)</b>	Date	Fee enclosed \$
Signature	Phone No ( )	FAX No ( )

A FEE FOR EACH INSIGNIA IS DUE WITH APPLICATION - NOT SUBJECT TO REFUND  
**PLEASE MAKE CHECKS PAYABLE TO DEPT. OF LABOR & INDUSTRIES**

**IMPORTANT - EACH INSIGNIA IS ASSIGNED TO A SPECIFIC VEHICLE - ONLY ONE INSIGNIA PER SECTION**

1.	Mfg Serial No.	POD OF	Dept Insignia No.	Approved Plan No.	Design option.	Fee
	<b>(4)</b>	<b>(5)</b>	<b>(6)</b>	<b>(7)</b>	<b>(8)</b>	\$ <b>(9)</b>
RF	<b>(10)</b>	W <b>(11)</b>	ESL <b>(12)</b>	P <b>(13)</b>	HTG <b>(14)</b>	NLEA <b>(15)</b>
<b>(16)</b> 2.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
3.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
4.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
5.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
6.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
7.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
8.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$
9.	Mfg Serial No.	POD _____ OF _____	Dept Insignia No.	Approved Plan No.	Design option.	Fee \$

*continued on reverse*

Manufacturer to complete: **(17)** Via  Regular mail  
 Overnight at customer expense  
 Other \_\_\_\_\_

Carrier \_\_\_\_\_  
 Acct # \_\_\_\_\_

Insignia Release by: \_\_\_\_\_ Date \_\_\_\_\_ To \_\_\_\_\_

## DEPARTMENT OF LABOR AND INDUSTRIES

### INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSIGNIA FOR FACTORY BUILT TEMPORARY WORKER HOUSING

1. Provide the Manufacturer name, address, phone and fax number if available.
2. Provide the Manufacturer Identification number that was assigned by the Department upon approval of the manufacturer's first plan. i.e.: TWH-222.
3. Provide the name of the contact person requesting these insignia(s) should any questions arise. Also provide date the application was sent to the Department as well as the total fee for all insignia's requested on this form.
4. Enter the unique manufacturer serial number for which an insignia is being requested.
5. Indicate which module of the total number of modules required in the building configuration is being requested. ie: 1 of 1 or 3 of 6.
6. This box is for Department use only: leave blank.
7. Enter the previously approved TWH plan number for which this insignia is being requested. If the insignia request accompanies a new plan approval request, you should leave this blank and the Department will enter the TWH plan approval number when assigned.
8. Show which design options are used with this structure, otherwise "N/A".
9. See [WAC296-150T-3000](#) for current fee schedule.
10. Indicate the live roof load in the pounds per square foot for which the building was designed.
11. Indicate the wind load for which the building was designed to in miles per hour/class exposure.
12. Show the size of the electrical service to the whole building. Also indicate 1 or 3 after the slash line for the phase used.
13. Indicate the number of plumbing fixtures (not fixture units) within the building. Do not count ice makers but do count hot water heaters, hosebibbs, etc.
14. Indicate the Energy Zone for which this structure was designed. As an alternative for residential units, you may enter the temperature differential use in Heat loss calculations if applicable.
15. Indicate which incomplete systems beyond normal set up are required to be completed on

site. Enter 'S' for structural items; 'M' for mechanical items; or 'P' for plumbing.

16. Request additional insignias required for the building configuration or the other buildings destined for the same location as shown above. You may use the back of the form for additional insignias if required.
17. Show the total number of insignias on both the front and back of this request. Indicate how you wish the insignias to be forwarded to the inspector. If requesting overnight delivery service, you must indicate the carrier to be used and your account number to be billed.



Factory Assembled Structures Program

**Manufacturers Information on Special Inspection**

As required by chapter 17 of the state building code, a “statement of special inspection” must be prepared by the design engineer/architect and submitted with the building plans for approval by the Licensed Professional plan reviewer. Special inspections must be performed by qualified special inspectors, hired by the manufacturer and approved by L&I during plan acceptance and prior to inspections taking place.

**This building requires special inspections:**      **Yes** \_\_\_\_      **No** \_\_\_\_

\*Consult the design engineer/architect of record for the building if you need help answering this question.

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

Name of special inspector: \_\_\_\_\_ Inspection Type: \_\_\_\_\_

\* Include credentials for each special inspector in the file sent to LNI.

**Manufacturers Information on Structural Observation**

When required by chapter 17 of the state building code, structural observations must be provided by the design engineer/architect or their designee.

**This building requires structural observation:**      **Yes** \_\_\_\_      **No** \_\_\_\_

\*Consult the design engineer/architect of record for the building if you need help answering this question.

Name of person doing structural observations in the factory: \_\_\_\_\_

Name of person doing structural observations at the building site: \_\_\_\_\_

\* Include credentials if these are not the design professionals sealing the drawings.



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES

*Factory Assembled Structures (FAS)*  
PO Box 44430 Olympia, Washington 98504-4430

**To:** Temporary Worker Housing Manufacturers

**From:** FAS Program

**Subject:** Required Inspections

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**WAC 296-150T-0500 When Is an inspection required?** (1) Before we issue an insignia, each factory-built house, commercial structure, and component must be inspected at the **MANUFACTURING LOCATION** as many times as are required by the codes. (See [WAC 296-150T-0600](#))

NOTE: Approved design plans; specifications, engineering analysis and test results **must** be available during the inspections.

**Inspection may include but not be limited to the following codes:**

**WAC 246-359-120: Required inspections as applicable**

**International Building Code: Section 110**

**International Residential Code: Section R109**

**International Mechanical Code: Section 112**

**Uniform Plumbing Code: Section 105**

**International Fire Code: Section 108**

**Washington State Energy Code: Section R105**

**Washington State Energy Code: Section C105**

**RCW 19.28.101 & National Electrical Code**

[WAC 296-150T-0510](#) How do I request an inspection? (1) You need to contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the definition of department.

- (2) We need to receive IN-STATE inspection request at least seven calendar days prior to the date that you want the inspection.
- (3) We need to receive OUT-OF-STATE inspection requests at least fourteen calendar days in WRITING prior to the date that you want the inspection.

To request inspection please complete the applicable inspection request form found in this packet and email to: [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov)

NOTE: The Department will apply an insignia(s) on the factory built structure(s) at the manufacturing location after the final inspection.

If you have any question about the inspection process please call 1-800-705-1411 Option 3, or email at [FAS1@lni.wa.gov](mailto:FAS1@lni.wa.gov).



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Factory Assembled Structures  
PO Box 44430 Olympia, WA. 98506-4430

**WAC 296-150T-0510 How do I request an inspection?** (1) You must contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the definition of department.

We must receive in-state inspection requests at least seven calendar days prior to the date that you want the inspection.

**PLEASE NOTE THE SEVEN CALENDAR DAYS CAN BE WAIVED UPON APPROVAL BY THE DEPARTMENT**

1. The Manufacturer Number (TWH-) where the structure is being built: \_\_\_\_\_

2. Date of Inspection(s) at the Manufacturing Plant: \_\_\_\_\_

3. The type of Inspection(s) needed. Please check the appropriate inspection(s):

Floor Cover: \_\_\_\_\_

Frame Cover: \_\_\_\_\_

Plumbing Cover: \_\_\_\_\_

Mechanical Cover: \_\_\_\_\_

Electrical Cover: \_\_\_\_\_

Energy Code Cover: \_\_\_\_\_

Electrical Final: \_\_\_\_\_

Final Inspection: \_\_\_\_\_

4. Is this the first inspection for this unit? YES / NO

5. The Date the Insignia(s) and NLEA was applied for, if final inspection: \_\_\_\_\_

6. The Manufacturers Building Serial Number: \_\_\_\_\_

7. The State Plan Approval Number: \_\_\_\_\_

8. Map and or Direction to the Manufacturing Plant Location where the Audit is to be done. Contact information of the individual(s) to be present for the inspection:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical address of the place of inspection: \_\_\_\_\_

\_\_\_\_\_

9. Contact name, phone number and email address of the appropriate plant personnel:

\_\_\_\_\_

10. All the above information is to be emailed to following contact for scheduling:  
FAS Plan Review ([FAS1@LNI.WA.GOV](mailto:FAS1@LNI.WA.GOV)) or FAX (360) 902-5229

If we may be of any assistance please contact us at 1-800-705-1411 Option 3.



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Factory Assembled Structures  
PO Box 44430 Olympia, WA. 98506-4430

**WAC 296-150T-0510 How do I request an inspection?** (1) You must contact us, and we will let you know where your request for inspection should be submitted. Our address is noted in the definition of department.

We must receive out-of-state inspection requests at least fourteen calendar days prior to the date that you want the inspection.

**PLEASE NOTE THE FOURTEEN CALENDAR DAYS CAN BE WAIVED UPON APPROVAL BY THE DEPARTMENT**

1. The Manufacturer Number (TWH-) where the structure is being built: \_\_\_\_\_

2. Date of Inspection(s) at the Manufacturing Plant: \_\_\_\_\_

3. The type of Inspection(s) needed. Please check the appropriate inspection(s):

Floor Cover: \_\_\_\_\_

Frame Cover: \_\_\_\_\_

Plumbing Cover: \_\_\_\_\_

Mechanical Cover: \_\_\_\_\_

Electrical Cover: \_\_\_\_\_

Energy Code Cover: \_\_\_\_\_

Electrical Final: \_\_\_\_\_

Final Inspection: \_\_\_\_\_

4. Is this the first inspection for this unit? YES / NO

5. The Date the Insignia(s) and NLEA was applied for, if final inspection: \_\_\_\_\_

6. The Manufacturers Building Serial Number: \_\_\_\_\_

7. The State Plan Approval Number: \_\_\_\_\_

8. Map and or Direction to the Manufacturing Plant Location where the Audit is to be done. Contact information of the individual(s) to be present for the inspection:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physical address of the place of inspection: \_\_\_\_\_

9. Contact name, phone number and email address of appropriate plant personnel:  
\_\_\_\_\_

10. All the above information is to be emailed to following contact for scheduling:

FAS Plan Review ([FAS1@LNI.WA.GOV](mailto:FAS1@LNI.WA.GOV)) or FAX (360) 902-5229

If we may be of any assistance please contact us at 1-800-705-1411 Option 3.



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
*Factory Assembled Structures (FAS)*  
PO Box 44430 Olympia, Washington 98504-4430

## MEMORANDUM

TO: Temporary Worker Housing Manufacturers

FROM: FAS Program

SUBJECT: Manufacturer's Contact Personnel

In order that we may serve you better we are requesting you complete the enclosed form and return it to us with your initial submittal. We thank you in advance for your assistance.

If you have any questions, please feel free to contact us at 1-800-705-1411 Option 3, FAX (360) 902-5229 or email [FAS1@Lni.wa.gov](mailto:FAS1@Lni.wa.gov).

Please email any contact updates to: [FAS1@Lni.wa.gov](mailto:FAS1@Lni.wa.gov).

MANUFACTURERS LIST  
FOR TEMPORARY WORKER HOUSING MANUFACTURER'S

Factory 1

Company Name: \_\_\_\_\_

Mailing: Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Send general mailing to: \_\_\_\_\_

Contact for Plan Review: \_\_\_\_\_

Contact for Plant Inspection \_\_\_\_\_

Comments: \_\_\_\_\_

Factory # 2

(If applicable)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Send general mailings to: \_\_\_\_\_

Contact for Plan Review: \_\_\_\_\_

Contact for Plant Inspections: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

twmfg