

STATE-SPONSORED INSPECTION AND DISPUTE RESOLUTION PROCESS (SIRP) Request Form

Section 1: Address of Home					
Street Address City	State	Zip Code	County		
Section 2: Description of Transaction	well as provide the d	ata the transaction	accurred and the autotantial		
Please check the type of transaction giving rise to the dispute, as completion date of construction. A home that is not substantially c means a home or improvement that is fit for occupancy or its inter	omplete is not eligible				
☐ New home construction on the builder's lot. Date of transfer of	of title from builder to	initial homeowner_	(MM/DD/YYYY)		
□ New home construction without title transfer. Date of contract or date work began, whichever occurred first: (MM/DD/YYYY)					
Date of substantial completion:	(MM/DD/YYYY)				
Material improvement to existing home. Date of contract or da	te work began, which	never occurred first:	: (MM/DD/YYYY)		
Date of substantial completion:(MM/DD/YYYY)				
☐ Interior renovation to existing home in excess of \$10,000. Date of contract or date work began, whichever occurred first:(MM/DD/YYYYY)					
Date of substantial completion: (MM/DD/YYYY)					
Assessment of the second of th					
Are you the original homeowner? ☐ Yes ☐ No					
If No, provide the date you purchased the home	(MM/	DD/YYYY)			
Section 3: Parties Involved					
Requestor Information (Person submitting request):	Other Party Ir	nvolved (Builder o	r Homeowner):		
☐ Builder ☐ Homeowner	☐ Builder	☐ Home	eowner		
Name/Company – Contact Person	Name/Compar	ny – Contact Perso	n		
Mailing Address	Mailing Addres	SS			
City/State/Zip County	City/State/Zip		County		
Telephone (Day) (Evening)	Telephone	(Day)	(Evening)		
Fax Email	Fax		Email		
Please circle the preferred method of contact:					
Legal Counsel Telephone Mail Fax Email					



Revised 10-10-08

		to I''	aou,				Page Z
	tion 4: Leg	al Counsel (if any) questor:			Counsel for Other Party I	nvolved (If known):	
					-		
Nar	ne				Name		
Mai	ling Address				Mailing Address		_
City	/State/Zip		Соц	unty	City/State/Zip	County	_
Tele	ephone				Telephone		_
Fax			Em	ail	Fax	Email	_
Sec	ction 5: Ty	pe of Request					
Р	lease check	only one:	Workman	ship and Materials Inspe	ection Structural In	spection	n
Α	lleged defect			ality and performance of iir conditioning delivery :		ed to construct the home, including	a de-
	tructural lleged defect	t(s) to the home which	n include,	but are not limited to, the	e foundation or other load-be	earing portions of the home.	
_	oint					1.1.6	
Α	lleged defec			•	naterials unrelated to the stru		
Se	ction 6: Int				ection needed, please call (8 Items to be Inspected	77) 651-TRCC.	
Plea fect	ase list each s of which bo	alleged defect(s) in the	ne home o	construction and for eac	h, the date the defect was firent to Section 7. DO NOT att	st noticed. Include only those allege ach the notice letter in lieu of comp and Materials (W/M) or Structural (\$	leting
	Date of Discovery	Room	(W/M) or (S)		Alleged Defe	ct	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

(If you need additional space, please use the last page of this packet.)

Section 7: 30-Day Written Notice
Date 30-day written notice of defects was provided to builder:(MM/DD/YYYY). Attach copy of written notice.
2. Provide a general description of the builder's response to written notice of alleged construction defect(s). If any of that response was provided in writing, please attach a copy. (Attach extra pages, if necessary.)
Section 8: Type of Warranty
☐ Builder Warranty ☐ 3 rd Party Warranty Company: ☐ No Written Warranty
Attach any and all written warranties regarding the construction of the home/remodel. Include a copy of the entire warranty, not only those pages pertaining to the alleged defects. Warranty language may be included in your contract or it may be a separate warranty document.
Section 9: Additional Information and Attestation
 Provide an itemized list of all (a) out-of-pocket expenses and (b) out-of-pocket engineering or consulting fees incurred by the Requestor in connection with the alleged construction defect(s): (Attach extra pages, if necessary.)
(a) Out-of-pocket expenses:
(b) Out-of-pocket engineering or consulting fees:
 List the names and addresses of all professionals or other persons, known to the Requestor, who have inspected the alleged construction defect(s) on behalf of the Requestor. (Important: See EXCLUSIONS listed in the instructions. Attach extra pages, if necessary.)
3. Please attach or enclose copies of any documents or other tangible things that depict the nature and cause of the alleged construction defect(s) and that depict the nature and extent of repairs necessary to remedy the construction defect(s), including expert reports, photographs and videotapes, if these documents and tangible things are either within the Requestor's physical possession or if the Requestor has the right to obtain the document or tangible thing from a third party, such as an agent or a representative of the Requestor. (Important: See EXCLUSIONS listed in the instructions).
Did you?
□ Send a copy of the SIRP Request Form and attachments — excluding fee page — by certified mail, return receipt requested, to Other Party Involved.
□ Send a copy of the SIRP Request Form and attachments — excluding fee page — to other party's counsel if Other Party Involved is represented.
□ Include a copy of the 30-day written notice of alleged defects provided to builder before submitting the SIRP Request Form.
□ Include a completed SIRP Request Form with fee and attachments submitted to the commission.
□ Include a copy of your contract.
□ Include a copy of your written warranty.
To the best of my knowledge, I certify that all information provided in this SIRP Form is true and correct.
Signature Date



STATE-SPONSORED INSPECTION AND DISPUTE RESOLUTION PROCESS (SIRP) Fee Page

Note: Do **NOT** send a copy of this page to the other involved party

Name		Telephone	
on 11: Remitter Information			
Name		Company – Type o	of Company (if applicable)
Mailing Address	City	State	Zip
Telephone			
Social Security Number or Feder	ral ID Number*		
*Your social security number is required for	or a refund. If you choose not to provide a social sec	curity number at this time, your re	fund may be delayed.
on 12: Payment			
Homeowner Request Workmanship and Mat Structural Inspection Fe Joint Inspection Fee (S Workmanship and Mat Inspection fee—\$250	erials Inspection	Structural Inspection	aterials Inspection \$450 fo Fee \$650 fee (Structural w/ unrelated
 Workmanship and Mat Structural Inspection F Joint Inspection Fee (S Workmanship and Mat 	erials Inspection	Workmanship and Ma Structural Inspection Joint Inspection Fee (aterials Inspection \$450 fo Fee \$650 fee (Structural w/ unrelated
 □ Workmanship and Mat □ Structural Inspection F □ Joint Inspection Fee (S Workmanship and Mat Inspection fee—\$250 	erials Inspection	Norkmanship and Ma Structural Inspection Joint Inspection Fee (Norkmanship and Ma er (Payable to TRCC)	aterials Inspection \$450 fo Fee \$650 fee (Structural w/ unrelated
 □ Workmanship and Mat □ Structural Inspection Fe □ Joint Inspection Fee (S Workmanship and Mat Inspection fee—\$250 □ Check (Payable to TRCC) □ Credit Card (Provide information) 	erials Inspection	Norkmanship and Ma Structural Inspection Joint Inspection Fee (Norkmanship and Ma er (Payable to TRCC) eduction/Waiver Reques	aterials Inspection \$450 for Fee \$650 fee (Structural w/ unrelated aterials) \$800 fee st (Attach Fee Waiver form)
 □ Workmanship and Mat □ Structural Inspection Fee (S □ Workmanship and Mat <u>Inspection fee</u>—\$250 □ Check (Payable to TRCC) □ Credit Card (Provide information (Select Card Number 	erials Inspection	Norkmanship and Ma Structural Inspection Joint Inspection Fee (Norkmanship and Ma er (Payable to TRCC) eduction/Waiver Reques	aterials Inspection \$450 for Fee \$650 fee (Structural w/ unrelated aterials) \$800 fee (Attach Fee Waiver form)
 □ Workmanship and Mat □ Structural Inspection Fee (S) □ Workmanship and Mat <u>Inspection fee</u>—\$250 □ Check (Payable to TRCC) □ Credit Card (Provide information (Select Card Number □ Expiration Date 	erials Inspection	Norkmanship and Ma Structural Inspection Joint Inspection Fee (Norkmanship and Ma er (Payable to TRCC) eduction/Waiver Reques merican Express Disc	aterials Inspection \$450 for Fee \$650 fee (Structural w/ unrelated aterials) \$800 fee Set (Attach Fee Waiver form) Scover
 □ Workmanship and Mat □ Structural Inspection Fee (S □ Workmanship and Mat <u>Inspection fee</u>—\$250 □ Check (Payable to TRCC) □ Credit Card (Provide information (Select Card Number 	erials Inspection	Norkmanship and Ma Structural Inspection Joint Inspection Fee (Norkmanship and Ma er (Payable to TRCC) eduction/Waiver Reques merican Express Disc	aterials Inspection \$450 for Fee \$650 fee (Structural w/ unrelated aterials) \$800 fee st (Attach Fee Waiver form)

If you use a credit card to pay the fee, please either fax your material to 512-463-9507, or mail it to PO Box 13509, Austin, Texas, 78711-3509. With all other forms of payment, send your form and fee to PO Box 13144, Austin, Texas 78711-3144. If you'd prefer to hand-deliver the documents, please do so to: 311 E. 14th Street, Suite 200, Austin, Texas 78701.

For Information call: (877) 651-TRCC or (512) 305-TRCC www.trcc.state.tx.us

The Texas Residential Construction Commission obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Legal Department at 512-463-1040 or open.records@trcc.state.tx.us.

Section 6 (Continued): Information Regarding Alleged Defect(s)- List items to be inspected.

Please list each alleged defect(s) in the home construction and for each, the date when the defect was first noticed. Include only those alleged defects of which both parties have knowledge through prior notice. DO NOT attach the notice letter in lieu of completing this section. This section must be completed. Please note if Workmanship and Materials (W/M) or Structural (S).

Date of Discovery	Room	(W/M) or (S)	Alleged Defect
5.			
6.			
7.			
8.			
9.			
0.			
1.			
2.			
3.			
4.			
5.			
5.			
7.			
3.			
9.			
0.			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
0.			
1.			
2.			
3.			