

COMMONWEALTH OF PENNSYLVANIA
Department of Labor and Industry

Uniform Construction Code

THIRD PARTY AGENCY CERTIFICATION:

INITIAL CERTIFICATION AND RENEWAL BOOKLET

May 2010

GENERAL:

All third party agencies that perform any Uniform Construction Code (UCC) services in the Commonwealth of Pennsylvania must be certified by the Department of Labor and Industry, before performing these services.

A “third party agency” can be either an incorporated code service entity or an individual that performs code services but who is not employed by either a municipality or the Commonwealth of Pennsylvania.

All Uniform Construction Code certificates of certification are valid for three (3) years from the date of issuance. Prior to the expiration date listed on the certificate, the holder must apply to the Department for certification renewal.

Every certified agency must notify the Department (in writing) of the hiring of any new employees/agents or the dismissal of any employee/agent listed on the agency’s current certification application. (This requirement applies only to employees or agents that administer or enforce any aspect of the Uniform Construction Code.) **This notice must be provided within sixty (60) days of the hiring or dismissal.** This notification can be faxed to 717-787-8363 or mailed to the address where the certification application is sent.

Certified third party agencies are also required to notify the Department immediately of:

- A cancellation of its errors and omissions liability insurance.
- A failure or refusal to renew its errors and omissions liability insurance.
- Any change of insurance carrier, policy dates or coverage amounts.

Upon notice of loss or cancellation of insurance coverage, the Department will immediately initiate action to decertify the third-party agency under §401.14 (relating to decertification or refusal to certify).

CERTIFICATION REQUIREMENTS:

Whether seeking initial certification or certification renewal, the following must be submitted to the Department:

- A copy of the Department’s **UCC-19 APPLICATION FOR THIRD PARTY AGENCY CERTIFICATION**. See the last page of this booklet.
- A check in the amount of **\$250.00** made payable to the “Department of Labor and Industry.”
- A certificate of insurance or declaration page relating to professional errors and omissions liability insurance.

Note carefully the following three points:

1. All third party agencies must carry errors and omissions liability insurance in at least the amount of \$1 million, to satisfy claims or judgments for property damage or personal injury, or both, related to its employees’ performance of construction code administration and enforcement activities.

2. The Department of Labor & Industry must be listed as the certificate holder (not as an additional insured) in the following manner:

PA Department of Labor & Industry
BOIS-UCC Certification Unit
651 Boas Street, Room 1606
Harrisburg, PA 17121-0750

3. If the third party agency is an architectural or engineering firm, the certificate or declarations page must also contain a statement indicating that the errors and omissions coverage extends to residential and/or commercial construction code enforcement services (plan reviews and inspections) performed by the firm.
- A complete listing of the names and certification/registration card numbers of all employees/agents who perform any aspect of UCC administration or enforcement. These names and credentials must be listed on the UCC-19 form and a page attached to this form (if additional space is needed).

WHERE TO MAIL CERTIFICATION MATERIALS:

Mail your application, fee and required insurance information to:

PA Department of Labor & Industry
BOIS-UCC Certification Unit
651 Boas Street, Room 1606
Harrisburg, PA 17121-0750

ADDITIONAL QUESTIONS:

Should you have unanswered questions about third party agency certification, please call 717-772-3396.

APPLICATION FOR THIRD PARTY AGENCY UCC CERTIFICATION

Type or print legibly in black ink all the information requested below.

Application Type	<input type="checkbox"/> Initial Certification <input type="checkbox"/> Renewal of Certification → If renewal, list current certification number: _____												
Agency Information	Name _____ Phone (____) _____ Mailing address _____ _____ City _____ State _____ Zip Code _____ County _____ Owner, Corporate Officer or Manager: _____ Federal Employer Identification Number (FEIN): _____ If no FEIN, provide Social Security number of owner: _____ Type of code services offered: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial												
Errors and Omissions Insurance Documentation	Proof of \$1 million professional errors and omissions liability insurance pertaining to performance of construction code enforcement activities must be attached to this application. A certificate of insurance or a policy declaration page is acceptable. The Department (with address information listed below) must be listed as the certificate holder. Insurance Carrier: _____ Policy Number: _____ Effective Date: _____ Expiration Date: _____												
Employees Performing UCC Services	Provide names of all agents or employees working for this agency and their UCC certification numbers. Attach an 8-½" x 11" sheet with additional names and numbers, if necessary. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Name</th> <th style="width: 40%; text-align: center;">Certification #</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Name	Certification #	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Certification #												
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Signature	All information provided on this application is subject to the penalties of 18 Pa. CS §4904, relating to unsworn falsification to authorities. _____ <div style="display: flex; justify-content: space-between;"> Signature of Owner/Corporate Officer/Manager Date </div>												
Filing Requirements	Submit proof of insurance AND payment of \$250 with this application, by check or money order payable to Commonwealth of Pennsylvania : <p style="text-align: center;">PA Department of Labor & Industry BOIS - UCC Certification Unit 651 Boas Street, Room 1606 Harrisburg, PA 17121-0750</p>												
<i>FOR L&I USE ONLY</i>	Check #: _____ Amount: \$ _____ Bates #: _____												

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*