

**U.S. BARRIER SURVEYING CO. (USBS)
ANNUAL ADA CERTIFICATION HEALTH CHECK-UP**

IMPORTANT: In accordance with the Property Owner's Responsibilities, as stated in the Transferable Limited Warranty of Certification, the Property Owner must fully complete and return this form to USBS, prior to each anniversary after the Date of Issuance stated on the Certificate.

For example: If the Date of Issuance on the Certificate is March 23rd, 2004, then you must complete and return this form to USBS prior to March 23rd, 2005. If the Certificate is valid for a period of 5 years, then you will be required to return 5 check-up forms. This form is available for this purpose on our website at www.usbarrier.com.

Time is of the essence with the regard to the completion and return of this form. Failure to return this form in a timely manner could result in the suspension or revocation of the Certificate and Warranty. If you have any questions or concerns about this form, please call any USBS office and ask to speak with a Warranty & Claims Coordinator.

Name of Certified Building or Facility		Certification No.	Date of Issuance
Property Address	City	State	Zip

Property Owner or *Authorized Agent (see below)			
Contact Person Name	Phone Number	Fax Number	Email Address
Street Mailing Address (No P.O.)	City	State	Zip

Property Owners Representations and Warranties (please attach additional sheets as may be needed in order to provide a complete description or explanation)	
During the past year, has there been a renovation, alteration, addition, or demolition, either in whole, or in part, of the building or facility? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, describe what work has occurred:
During the past year, have all building or facility components, including elements, spaces and features, been regularly maintained or repaired and kept in good working condition? Y <input type="checkbox"/> N <input type="checkbox"/>	If no, describe the condition:
Within the past year, have any existing building or facility elements or components been repaired or replaced with elements or components that are inaccessible by design or installation, or which provide a lesser degree of accessibility than what was being replaced or repaired? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, describe what was replaced:
Within the past year, have any other physical changes occurred to the building or facility that has not been described above? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, describe what changes have occurred:
Within the past year, have you, or one of your tenants, become the subject of a law suit or any other complaint for a violation of the Americans with Disabilities Act or any other accessibility code or disability rights type law, pertaining to the building or facility for which this health check-up form is being returned? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, describe the nature of the complaint:
Within the past year, has the certified building or facility been refinanced? Y <input type="checkbox"/> N <input type="checkbox"/>	If yes, and if there was a due diligence survey conducted that covered any provisions in the ADA, what were the results?

In the New Client Questionnaire initially completed by the Property Owner, the Owner may have opted to have its bank or lender institution copied on this Health Check-Up Form. If so, has there been a change to the bank or lender information originally provided? Y <input type="checkbox"/> N <input type="checkbox"/> If Yes, please update:			
Name of Bank or Financial Lender			
Contact Person Name	Phone Number	Fax Number	Email Address
Street Mailing Address (No P.O.)	City	State	Zip

I hereby certify that the information provided herein is true and correct and understand that providing false, misleading or fraudulent information may result in the revocation of the Certificate and Warranty.

Signature of Property Owner or *Authorized Agent _____

Title _____

Date _____

*For Authorized Agent signature, the Property Owner must have previously filed an Authorization of Agent form with us.

-INTERNAL USE ONLY-

Comments	By	Date
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