

EFFECTIVE November 1ST, 2024

Attention: _____ (ABSA Inspector)

Re: Request for Inspection Services Outside Normal Hours

Company Name: _____

Location: _____

Mailing Address: _____

Postal Code: _____

Contact Person: _____

Phone Number: _____ E-mail: _____

We require the services of an ABSA Inspector, outside normal working hours, on the following dates:

Date(s): _____ Starting Time _____ AM or PM

Approx. Hours _____

A-Number: _____ Approx. Mileage _____

We understand that Special Inspection fees are applicable for these services and agree to pay these fees at the following rates listed below:

Regular work days \$161.20 per hour with a minimum 4 hours for call out

Weekends and holidays \$241.80 per hour with a minimum charge of 4 hours

Date

Print Name

Signature

PLEASE NOTE OUR CANCELLATION POLICY. Once this request has been accepted, your firm will be invoiced for the minimum amount specified above unless you contact ABSA to cancel the scheduled appointment within the following time limits: before 16:30 on Thursday for weekend and holiday requests, or before 16:30 during regular workweek days.