



Safety, Licensing and Inspection Program Participation Agreement

INSTRUCTIONS: Fill in on line and print, or print and fill in by hand. Sign and mail to
AILG SLI Program, c/o FCI, PO BOX 397068, Cambridge MA 02139 or FAX to 617-324-7048.
Please submit by September 30, 2006.

HOUSE CORPORATION: _____
Full legal name

STUDENT ORGANIZATION: _____
Full legal name

CORPORATION LEGAL ADDRESS: _____
House corporation legal address

BUILDING ADDRESS: _____
Street, City, State, ZIP

2ND BUILDING ADDRESS: _____
If applicable

OR: PLEASE USE ADDRESS INFORMATION PREVIOUSLY ON FILE

HOUSE CORP. CONTACT #1: _____
Name, phone, email are required

HOUSE CORP. CONTACT #2: _____

STUDENT CONTACT #1: _____

STUDENT CONTACT #2: _____

2006-2007 Academic Year Program and Fees

\$500 REGISTRATION FEE is required for all recognized FSILGs. Fee is for each building, to be billed with AILG Dues.

\$500 BSF BASIC INSPECTION PACKAGE
This covers all reasonable costs of municipal inspections, pre-inspection surveys and reports.

\$60 ADDITIONAL BSF HOURLY SERVICE FEE (billed for any additional BSF services required)

BILL TO: FSILG COOPERATIVE, INC., OR TO: _____

Name, Street, City, State, ZIP

WE WISH TO USE THE SERVICES OF THE BSF WE WILL USE AN ALTERNATE BSF

If the services of the AILG's BSF are not elected, an individual of the FSILG's choice must be named to be reviewed and approved by the AILG Facilities Committee.

ALTERNATE BSF: _____
Name, phone, email is required

The terms of the SLI Program, as described in the SLI Specification dated 7/4/2006, or as modified by the AILG Board of Directors, are accepted. The Chair of the AILG is authorized to sign, jointly with MIT, a consulting contract with a Building Safety Facilitator, in accordance with the AILG Board direction.

HOUSE CORPORATION: _____ TITLE: _____ DATE: _____
Signature

AILG: _____ TITLE: _____ DATE: _____
Signature

FSILG COOPERATIVE: _____ TITLE: _____ DATE: _____
Signature