Nathan Deal Governor



Christopher Nunn Commissioner

UPCS Windshield Inspection Certification Form

Date:	GAID	Commun	ity Name			
Please provide professional	current certifications, as	applicable, to validate		·	·	outside
			Certification Attached	Certification No Available		N/A
D Elevator(s)E Fire exting	systems ot water and hot water h certification must be pos uishers in units, cabinets v/ current date	sted in the elevator				
If certification(s)	are not available please lorm to DCA, via E-mail to					
	aint Disclosure forms are pro ride explanation	vided to tenant on unit	ts built before 1		N Not A	Applicable
	s listed in the Application or lide explanation	LURC are in place and	d operational	If		
•	1001 of Title 18 of U.S. Code atter within the jurisdiction of		ense to willfully	falsify a material	fact or make	a false
	Print Name of Onsite Ma	anager –		Signature		
Delivered by _	Inspector Name			Date		
I CERTIFY This i	information is true and	accurate.				
Print Name			Signature		Date	



status, marital status or disability.



Georgia Department of Community Affairs is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless to race, color, national origin, religion, age, sex, familial