



# TEXAS DEPARTMENT OF INSURANCE

## Property and Casualty Section – Windstorm Inspections Program

Mail Code 103-1E, 333 Guadalupe Street • P.O. Box 149104, Austin, Texas 78714-9104  
512-322-2203 or toll free 1-800-248-6032 • 512-322-2273 fax • [www.tdi.texas.gov](http://www.tdi.texas.gov)

### Application for Certificate of Compliance Form WPI-1

Physical Address of Structure to Be Inspected (Complete 9-1-1 Street address including house/building number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tract or Addition \_\_\_\_\_  
Lot \_\_\_\_\_ Tract \_\_\_\_\_  
Block \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Inside City Limits  Outside City Limits

Structure is located in:  Inland II  Inland I  Seaward

Is the structure located in a Coastal Barrier Resource Zone (COBRA):  Yes  No

**Owner:**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Builder/Contractor (at time of construction):**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Engineer:**

Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Texas Registration No.: \_\_\_\_\_

Commencement of Construction (date): \_\_\_\_\_ Date of Application: \_\_\_\_\_

**1. Type of Building:**

- Commercial
- Residential Dwelling
- Duplex
- Garage Attached by Breezeway
- Detached Garage
- Condominium (# of Units: \_\_\_\_\_\*)
- Townhouse (# of Units: \_\_\_\_\_\*)
- Apartments (# of Units: \_\_\_\_\_\*)
- \* Per Building
- Farm & Ranch
- Metal Building
- Other (Specify): \_\_\_\_\_

**2. Type of Inspection:**

- Entire Building (Type): \_\_\_\_\_
- Entire Re-Roof (Type): \_\_\_\_\_
  - Re-decking
- Partial Re-roof (Type and Area): \_\_\_\_\_
  - Re-decking
- Alteration (Type): \_\_\_\_\_
- Repair (Type): \_\_\_\_\_
- Mechanical Only (Type): \_\_\_\_\_
- Foundation Only (Type): \_\_\_\_\_
- Addition (Type): \_\_\_\_\_
- Retrofit of All Exterior Openings: \_\_\_\_\_

*(For windborne debris protection only (impact resistant exterior opening products or shutters). All exterior openings shall include windows, doors, garage doors, and skylights.)*

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

**Submitter Information:**

SUBMITTER NAME (please print): \_\_\_\_\_ DATE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
PLEASE CHECK ONE:  Owner  Builder/Contractor  Insurance Agent  Engineer  Other (Specify) \_\_\_\_\_

**FOR TEXAS DEPARTMENT OF INSURANCE INSPECTIONS: MAIL OR FAX TO YOUR LOCAL FIELD OFFICE  
FOR INSPECTIONS BY ENGINEERS: MAIL OR FAX TO AUSTIN OFFICE: 512/322-2273**

### **Access and Correction of Personal Information**

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect.

For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal and Regulatory Affairs Program at [AgencyCounsel@tdi.state.tx.us](mailto:AgencyCounsel@tdi.state.tx.us) or you may refer to the [Corrections Procedure section](#) on our website.