FAP No. _____
(ES-P Use Only)

FORM RP-A
(For use on third party projects)

ASSURANCE OF COORDINATION BY
COORDINATING REGISTERED PROFESSIONAL

Note: 1. In this letter of assurance, the words in italics have the same meaning as ascribed to them by the Vancouver International Airport Authority Development Rules unless indicated otherwise.

Date: _____

To: The Vancouver International Airport Authority
3153 Templeton Street
Richmond, British Columbia V7B 1A2

Attention: Don Ehrenholz, P. Eng.
Vice President, Airport Operations and Engineering

Dear Sirs:

Re: _____
(Project Name)

_____
(Address of Project)

_____
(Legal Description of Project)
("The Project")

The undersigned confirm that _____ [insert name of *co-ordinating registered professional*] has been retained as a *co-ordinating registered professional* to coordinate the design work and *field reviews* of the *registered professionals* required for the Project. The *co-ordinating registered professional* shall coordinate the design work and *field reviews* of the *registered professionals* required for the Project in order to ascertain that the design and construction will substantially comply with all *applicable codes and standards,* not including construction safety aspects.

The *owner* and the *co-ordinating registered professional* understand that where the *co-ordinating registered professional* or a *registered professional* ceases to be retained at any time during construction, work on the Project will cease until such time as

a. a new *co-ordinating registered professional*, or *registered professional*, as the case may be, is retained, and

b. a new letter in the form of Form RP-A or in the form of Form RP-B and Schedule RP-B, as the case may be, is submitted for the record.

The undersigned *co-ordinating registered professional* certifies that he or she is a *registered professional* as defined in the *Development Rules*.

OWNER

_____
Owner's Name (Print)

_____
Owner or Owner's appointed agent's Signature. (If owner is a corporation the signature of a signing officer must be given here. If the signature is that of the agent, a copy of the document that appoints the agent must be attached).

_____
Date

_____
Name of Agent or Signing Officer if applicable (Print)

_____
Address

_____

_____

_____ _____
Telephone Fax

CO-ORDINATING REGISTERED PROFESSIONAL

_____
Coordinating Registered Professionals Name (print)

_____
Name of Co-ordinating Registered Professional's Firm, upon whose behalf the Co-ordinating Registered Professional is also signing this letter.

_____
Co-ordinating Registered Professional's Signature

_____
Date

_____
Address (Print)

_____

_____

_____ _____
Telephone Fax

_____
Occupation (Print)

(Affix Professional Seal)