

INSTALLER APPLICATION FORM

**\$250.00 ONE TIME CERTIFICATION REGISTRATION PAYMENT IS REQUIRED
(this fee is not included in your training costs)**

1) PLEASE LIST YOUR INFORMATION:

(Please print)

FIRST NAME:	LAST NAME:
HOME ADDRESS:	CITY, PROVINCE:
HOME PHONE:	CELL PHONE:
HOME EMAIL:	

COMPANY NAME:	
COMPANY ADDRESS:	CITY, PROVINCE:
COMPANY PHONE:	COMPANY FAX:
COMPANY EMAIL:	

2) PLEASE CHECK OFF CERTIFICATION DESIRED (EITHER OR BOTH):

<input type="checkbox"/>	MEDIUM DENSITY SPRAY FOAM CERTIFIED INSTALLER
<input type="checkbox"/>	OPEN CELL SPRAY FOAM CERTIFIED INSTALLER

3) PLEASE LIST YOUR TRADE EXPERIENCE:

TYPE OF PROJECTS	NO. OF YEARS/ HOURS OF EXPERIENCE	TYPE OF SPRAY FOAM	NO. OF YEARS / HOURS OF EXPERIENCE
Residential Industry		Open Cell	
Commercial Industry		Medium Density	
Industrial Industry			
Roofing Industry			

4) PLEASE LIST ANY OTHER QUALIFICATIONS / TRADE EXPERIENCE: (Including level of education)

Use the back of the page if required.

5) PLEASE ATTACH TO THIS APPLICATION THE FOLLOWING REQUIRED DOCUMENTS:

<p>MEDIUM DENSITY SPRAY FOAM CERTIFIED INSTALLER:</p> <p>One competence letter from the medium density spray foam product manufacturer</p> <p>One competence letter from the spray foam equipment manufacturer</p>	<p>OPEN CELL SPRAY FOAM CERTIFIED INSTALLER:</p> <p>A copy of your training certificate for product and equipment</p> <p>A copy of your training certificate for site quality assurance program</p>
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6) PLEASE REVIEW AND SIGN THE FOLLOWING:

I, (*print name*) _____, do solemnly declare; that to the best of my knowledge, the foregoing information is true and correct AND I make this solemn declaration conscientiously believing it is to be true and knowing that it is of the same force and effects as if made under oath and by virtue of the "Canadian Evidence Act". I hereby authorize CUFCA to provide on request my status as a certified installer during my licensing period with CUFCA.

DATE

APPLICANT SIGNATURE