

# Manufacturer/Distributor Exam Site and Training Request Form



Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Company URL: For more information on this program/testing, please go to \_\_\_\_\_

**Examination Preparatory Training Classes:**    yes \_\_\_\_\_ no \_\_\_\_\_ Private \_\_\_\_\_ Open \_\_\_\_\_

Insulation \_\_\_\_\_ Roofing \_\_\_\_\_            Own training program/materials \_\_\_\_\_

SPFA PCP    Assistant \_\_\_\_\_    Installer \_\_\_\_\_    Master Installer \_\_\_\_\_    Project Manager \_\_\_\_\_

Location of Exam Preparation Courses/Examinations: \_\_\_\_\_

\_\_\_\_\_

Dates of Exam Preparation Courses: \_\_\_\_\_

Name(s) of Instructors: \_\_\_\_\_

Supporting information must be provided, including brief background on instructor and references that they have ability/experience to instruct in SPF and curriculum they are assigned: \_\_\_\_\_

**Written Examinations:**    **yes** \_\_\_\_\_ **no** \_\_\_\_\_

At end of each prep class (for that level): yes \_\_\_\_\_ No \_\_\_\_\_

Open exams for self-study's: yes \_\_\_\_\_ No \_\_\_\_\_ Roofing \_\_\_\_\_ Insulation \_\_\_\_\_ All \_\_\_\_\_

Dates of Written Examinations (if different than above): \_\_\_\_\_

*Reminder: A Written Examiner cannot proctor a Written or Field Exam for anyone they have taught an SPFA PCP Course to in the last 2 years.*

Name(s) of Written Examiners and their W.E. number found on their ID card:

\_\_\_\_\_

**Field Examinations:**    **Yes** \_\_\_\_\_ **No** \_\_\_\_\_    **Roofing** \_\_\_\_\_ **Insulation** \_\_\_\_\_    **Mock up** \_\_\_\_\_ **Jobsite** \_\_\_\_\_

Location of Field Examinations (if different than above): \_\_\_\_\_

Dates of Field Examinations: \_\_\_\_\_

Names of Field Examiners (if applicable) – (Please provide the FE Certification number): \_\_\_\_\_

\_\_\_\_\_

### PLEASE RETURN THIS FORM TO:

SPFA Professional Certification Program (PCP) Fax: 1-866-242-5000 or e-mail: admin@spfapcp.org