

SPFA PCP CONTRACTOR COMPANY ACCREDITATION REGISTRATION FORM



\$ _____ Accreditation Registration Payment is required – see Cost/Fees Form
(This Fee is Not Included in your Training or Examination Costs)

Initial Registration Annual Renewal

1) Company Name: _____
Address: _____ City, State: _____ Zip: _____
Phone: _____ Cell Phone: _____
Email: _____

2) Personnel: Total number of Field Personnel: _____ **PROVIDE EXPIRATION DATE**

FOR EACH CPI CHEM H&S ID#

a) Field Personnel (List all Field Personnel) CPI Chemical H&S Training ID#

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

a) Company Liaison with SPFA PCP: CPI Chemical H&S Training ID#

b) Qualified Individual(s) (If additional space is needed, please write on separate sheet)

Project Manager Insulation or Roofing SPFA PCP Certification ID# CPI H&S Training ID#

Installer Insulation or Roofing SPFA PCP Certification ID# CPI H&S Training ID#

Master Installer Insulation or Roofing SPFA PCP Certification ID# CPI H&S Training ID#

c) Jobsite Requirements - I understand that each jobsite must be field supervised by an SPFA PCP Certified Master Installer or Project Manager. Initial Required _____

3) Please check off Accreditation Category desired: (either or both) Insulation Roofing Both Insulation & Roofing

4) Equipment

Foam Rig: qty _____ Proportioner Mfg _____ model _____

qty _____ Proportioner Mfg _____ model _____

qty _____ Proportioner Mfg _____ model _____

qty _____ Proportioner Mfg _____ model _____

Coating: qty _____ Mfg _____ model _____

qty _____ Mfg _____ model _____

Testing equip: qty _____ Description _____

qty _____ Description _____

qty _____ Description _____

qty _____ Description _____

I understand that we must install all SPF and other related materials with supplier-approved equipment for the specific products being installed based on manufacturer specifications. Initial Required _____

5) Other Criteria: (Attach supporting documentation for each of the following)

Type of business: Corporation/LLC Partnership DBA (doing business as) Other

Contractor's License/Registration: State(s) _____ Lic/Reg #(s) _____

Insurance: State(s): _____

General Liability: Carrier _____ Coverage \$ _____

Workers' Comp.: Carrier _____ Coverage \$ _____

Safety Program: Written program: Yes No

Safety Training: Annual training Yes No Tool Box Talks Yes No

6) Please attach the following which are all found in the Contractor Accreditation Handbook:

_____ SPFA PCP Accreditation Agreement _____ SPFA PCP Accreditation Fees and Costs Form

_____ SPFA PCP Contractor Company Experience Declaration

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 to be true and knowing that it is of the same force and effects as if made under oath and by virtue of the "US Evidence Act". I hereby authorize SPFA PCP to verify the references listed as needed.

Date

Signature

Return completed form and to: SPFA PCP 1050 Connecticut Avenue NW, Suite 500 Washington D.C. 20036

Fax: 1-866-242-5000 or e-mail: admin@spfapcp.org ?? Questions call 866-222-5000