



## Pre-qualifications for the SPFA Certified Field Examiner

- Documented Experience, minimum of **40** points, of which at least 20 points must be from experience in the SPF industry
- Attach a letter that lists the work experience where the experience was obtained

| Description   | SPF Industry<br>(Minimum 20 points)                                   | Number of Points<br>Earned in SPF | Other Building or<br>construction                            | Number of<br>Points Earned in<br>Bldg/Const. |
|---|---|-----------------------------------|--|--|
| SPF Application   | 10 points for every 2000 hours as an installer, maximum of 20 points. |                                   | Not applicable   | N/A  |
| SPF Trainer or SPF Technical Support  | 10 points for every 2000 hours, maximum of 20 points                  |                                   | N/A  | N/A  |
| Building experience (framing, roofing, drywall, siding, electrical, plumbing, etc.)       | N/A   | N/A                               | 5 points for each 2000 hours, to a maximum of 10 points      |  |
| Training (SPF application & equipment, construction safety, building envelope or roofing) | 1 point for every 8 hours of training, maximum of 15 points           |                                   | 3 points for every 40 hours of training, maximum of 9 points |  |
| Inspection experience (site visits, diagnostics, inspections)                             | 10 points for every 2000 hours, maximum of 20 points                  |                                   | 10 points for every 1000 hours, maximum of 20 points         |  |
| Industry certifications (RESNET, BPI, SPFA, RCI)  | 5 points for SPF specific certification                               |                                   | 5 points for each certification, maximum of 10 points        |  |
| <b>TOTAL – Must be at least 40</b>  |   |                                   |  |  |

**Note: You must complete the above before examination can be taken.**

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 I hereby authorize SPFA PCP to verify the references listed as needed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: All experience declarations are subject to verification by the SPFA PCP administration. Should this be necessary, additional information will be required to complete the verification process.**