



SPFA PCP - ROOFING EXAMINATION REQUEST FORM *For Certification Assistant/Installer/Master Installer/Project Manager*

Name(s): *(please print)* _____

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Email address: _____

* Examination payment is due prior to examination dates. (Outlined in the *Certification Fees and Costs Order Form*)

Written Examination - (Roofing)

Examination requested: Assistant Installer Master Installer Project Manager

Date(s) Preferred: _____

Examination Location: Job Site Company Office Online at an approved SPFA facility Other _____

Location Address: *(attach directions)* _____

Accommodation required for written examination? Verbal Delivery Large Print Other –
Specify _____

Field (On-site) Examination - (Roofing)

Date Preferred: _____

Type: Job Site Mock Up

Project Name: _____

Location Address: *(attach directions)* _____

How to contact you? Cell Phone: _____ Home Phone: _____ Office Phone: _____

Type of Foam? Closed Cell Open Cell Both Closed and Open Cell

Certification Handbook was received on _____

I have received the SPFA Certification Roofing Handbook. I have reviewed and understand what I am being evaluated on. I also understand and agree that if I should be unsuccessful, I must retake and pay all incurring costs to re-do the written or Field Examination. Please print name and sign to approve this form:

Print Name

Applicants Signature

Date