

SPFA PCP - SPF ROOFING EXPERIENCE DECLARATION & PROJECT LIST



1) Please indicate your desired SPF certification goal:

_____ Installer _____ Master Installer _____ Project Manager

2) Please itemize on the chart provided your SPF Roofing Experience:

3) Please review and sign the following:

I, (print name) _____, do solemnly declare; that to the best of my knowledge, the information provided herein is true and correct and I make this solemn declaration conscientiously believing it to be true and I hereby acknowledge and agree that it is binding upon me and of the same force and effects as if made under oath. I hereby authorize SPFA PCP to verify the references listed as needed.

Date

Signature

4) Management verification:

I, (print name) _____, do solemnly declare; that to the best of my knowledge, the information provided herein is true and correct and I make this solemn declaration conscientiously believing it to be true and I hereby acknowledge and agree that it is binding upon me and of the same force and effects as if made under oath. I hereby authorize SPFA PCP to verify the references listed as needed.

Date

Signature

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.

Please send completed form(s) to:

SPFA PCP 1600 Boston-Providence Hwy, Walpole, MA 02081

Fax: 1-866-956-5819 or e-mail: admin@spfapcp.org

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Installer = Minimum of 100,000 square feet of installation experience.

Master Installer = Minimum of 500,000 square feet of installation experience.

Project Manager = Minimum of 500,000 square feet of project management experience.