

SPFA PCP FIELD EXAMINER VERIFICATION FORM FOR FIELD EXAMINER EXAM PREP COURSE



By signing this form, I verify that I watched the Field Examiner Exam Preparatory Course:

Link: <https://register.gotowebinar.com/recording/620805576227688449>

Section One (the mandatory section).

This occurred on (date) _____ (approx. time) _____

Details of program are in the Field Examiner CSC Handbook at www.sprayfoam.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Please review and sign the following:

I, (print name), do solemnly declare; the Information above is true and correct.

Date

Signature

**Return completed form to: SPFA PCP Deputy Director Fax: 703-563-9502 or
email: kmarcavage@sprayfoam.org Questions? Call 571-748-5003**