

# SPFA PCP ACCREDITED CONTRACTOR COMPANY ENROLLMENT ORDER FORM



Initial Registration       Annual Renewal

1) Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Company Phone: \_\_\_\_\_ Company Contact Email: \_\_\_\_\_  
 All states you do work in: \_\_\_\_\_

2) Accreditation Category: (check either or both)  Insulation    Roofing    Both Insulation & Roofing

3) Personnel:

List all Field Personnel:	CPI Chemical H&S Training ID#
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total number of Field Personnel: \_\_\_\_\_

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#
_____	_____	_____	_____
_____	_____	_____	_____
Master Installer	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#
_____	_____	_____	_____
_____	_____	_____	_____

c) Jobsite Requirements:

I understand that each jobsite must be field supervised by an SPFA PCP Certified Master Installer or Project Manager. Initial Required \_\_\_\_\_



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## 4) Equipment:

Foam Rig: qty \_\_\_\_\_ Proportioner Mfg. \_\_\_\_\_ model \_\_\_\_\_  
 qty \_\_\_\_\_ Proportioner Mfg. \_\_\_\_\_ model \_\_\_\_\_  
 Coating: qty \_\_\_\_\_ Mfg. \_\_\_\_\_ model \_\_\_\_\_  
 qty \_\_\_\_\_ Mfg. \_\_\_\_\_ model \_\_\_\_\_  
 Testing equip: 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) \_\_\_\_\_

Contractor's Insurance: State(s): \_\_\_\_\_

General Liability: Carrier \_\_\_\_\_ Coverage \$ \_\_\_\_\_

Workers' Comp.: Carrier \_\_\_\_\_ Coverage \$ \_\_\_\_\_

Written Safety Program:  Yes     No    Annual Safety Training:  Yes     No    Tool Box Talks:  Yes     No

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

\_\_\_\_\_ SPFA PCP Company Accreditation Agreement – F-222-033

\_\_\_\_\_ SPFA PCP Contractor Company Accreditation Experience Declaration Form - F-222-035

## 7) 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

DESCRIPTION	MEMBER FEE	NON-MEMBER FEE	TOTAL
Registration Per Accreditation	\$350.00	\$500.00	\$
Annual Accreditation Renewal	\$350.00	\$500.00	\$
<b>TOTAL PAYMENT</b>			<b>\$</b>

## PAYMENT METHOD:

VISA     MasterCard     American Express     My check for total payment, made out to SPFA PCP, is enclosed.

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CSC Code: (Amex 4 digits) \_\_\_\_\_ Card Zip Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

NOTE: All fees/costs are subject to change without notice, are not pro-rated, non-transferrable or refundable and must be pre-paid. To be eligible for the discount, your company must be SPFA PCP Members.

Return completed form to SPFA PCP by: Fax: 1-866-956-5819 or e-mail: [admin@spfacp.org](mailto:admin@spfacp.org) Questions: 1-866-222-5000