

SPFA PCP ACCREDITED SUPPLIER 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:

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)

Supplier Representative(s)	Insulation or Roofing	SPFA PCP Certification ID#	CPI H&S Training ID#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Field Examiner(s) Minimum 1 required SPFA PCP Certification ID# CPI H&S Training ID#

Written Examiner(s) Minimum 2 required SPFA PCP Certification ID# CPI H&S Training ID#

4) Please list the dates and descriptions of the following criteria being met: (Renewal)

	Date	Description
____ Contractor Training offered	_____	_____
____ Written Examinations offered	_____	_____
____ Field Examinations offered	_____	_____

5) Please attach the following from the Handbook:

____ SPFA PCP Company Accreditation Agreement – F-222-033

SPFA PCP ACCREDITED SUPPLIER COMPANY ENROLLMENT ORDER FORM



6) Best Practices/Risk Management Program: Please indicate which of the following your company has that meets the criteria:

___ Best Practices/Risk Management Program consisting of the following:

- 1) A written manual
- 2) Third party verification firm is used for quality assurance purposes
- 3) Technical Data Sheets, MSDS and Installation Instructions readily available to contractors

___ SFC Code of Conduct document executed

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	\$1250.00	\$1875.00	\$
Annual Accreditation Renewal	\$1250.00	\$1875.00	\$
		TOTAL PAYMENT	\$

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 eligible individuals with the responsibilities of Supplier Representative(s) must become an SPFA PCP Certified Supplier Representative. It is at the discretion of the Supplier Company to determine which personnel fall into this category. This list and signature above affirms that those listed are the only eligible personnel at this point in time. Supplier Representative is defined as individual who has direct advisory contact with contractor or distributor (as applicable, if the supplier only sells through distribution) with regard to SPF related materials, equipment or services, etc. These individuals may include sales representative, technical representative or appropriate staff as determined by supplier.

- 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@spfapcp.org Questions: 1-866-222-5000