

# SPFA PCP ENROLLMENT ORDER FORM FOR SUPPLIER REPRESENTATIVE AND FIELD EXAMINER



1) Please complete the following information. **This is my:**  Home Address  Company Address

*Note: This email will be used for all future correspondence and the address for mailing your ID card and certificate.*

Applicant Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

2) I have reviewed the current online SPFA Certification Handbook(s) posted at [www.sprayfoam.org](http://www.sprayfoam.org) for the certification(s) I am pursuing. (Supplier Representative and/or Field Examiner). I have reviewed and understand what I am being evaluated on. I also accept the policies and procedures of the SPFA PCP. I understand and agree that if I should be unsuccessful with any exam, I must retake and pay all incurring costs to re-do the examination.

3) Please review and sign the following:

I do solemnly declare; that to the best of my knowledge, the foregoing information is true and correct. I hereby authorize SPFA to provide, on request, my SPFA PCP certification status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

DESCRIPTION	MEMBER FEE	NON-MEMBER FEE	TOTAL
<b>One-time Enrollment Fee Per Person</b>	\$250.00	\$350.00	\$
EXAMS - AVAILABLE ONLINE ONLY	MEMBER FEE	NON-MEMBER FEE	TOTAL
Insulation Supplier Representative exam with proctor fee	\$250.00	\$360.00	\$
Roofing Supplier Representative exam with proctor fee	\$250.00	\$360.00	\$
Combined Insulation & Roofing Supplier Rep. exam with proctor fee	\$250.00	\$360.00	\$
Field Examiner exam with proctor fee	\$250.00	\$360.00	\$
<b>TOTAL PAYMENT</b>			<b>\$</b>

**PAYMENT METHOD:**

VISA  MasterCard  American Express

Multiple forms can be combined in one payment, please indicate number of forms submitted: \_\_\_\_\_ and Total payment \$ \_\_\_\_\_

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

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

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

**NOTES:** All fees/costs are subject to change without notice, are not pro-rated, non-transferrable or refundable and must be pre-paid.

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