



SPFA PCP CONTRACTOR COMPANY ACCREDITATION 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#
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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)

OSHA 30-Hour Construction Course Card		OSHA Certificate ID#	
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#
_____	_____	_____	_____
_____	_____	_____	_____



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c) Jobsite Requirements:

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

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

Return completed form to SPFA PCP by: Fax: 1-866-956-5819 or e-mail: admin@spfacpc.org Questions: 1-866-222-5000