



INSTALLER APPLICATION FORM

*\$250.00 + GST/HST One Time Certification Registration Payment is required with initial registration
(This Fee is Not Included in your Training or Examination Costs)*

1) Please list your information: *(please print)*

Installer Name: _____

Home Address: _____ City, Province: _____

Home Phone: _____ Cell Phone: _____

Home Email: _____

Company Name: _____

Company Address: _____ City, Province: _____

Company Phone: _____ Company Fax: _____

Company Email: _____

2) Do you currently have a valid MD SPF certification with another program? No Yes

If so, please provide certification program and certification number: _____

3) Please list your trade experience:

Type of Projects	Number of Years/Hours of Experience
<input type="checkbox"/> Residential Industry	
<input type="checkbox"/> Commercial Industry	
<input type="checkbox"/> Industrial Industry	
<input type="checkbox"/> Roofing Industry	

Type of Spray Foam	Number of Years/Hours of Experience
<input type="checkbox"/> Light Density Foam	
<input type="checkbox"/> Medium Density Foam	
<input type="checkbox"/> Roofing Foam	

4) Please list any other qualifications / trade experience: *(including level of education)*

Use the back of the page if required.

5) 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 "Canadian Evidence Act". I hereby authorize BPQI to provide, on request, my status as a certified installer.

Date

Signature