



PRACTICAL EVALUATION REQUEST FORM

Installer's Name(s): *(please print)* _____ | _____
_____ | _____

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

* Evaluation payment is due prior to evaluation dates. (Outlined in the *Certification Fees and Costs Order Form*)

Written Examination

Date Preferred: _____

Exam Location: Job Site Company Office Other Online at an approved BPQI facility

Location Address: *(attach directions)* _____

Accommodation required for written exam? Verbal Delivery Large Print Other – Specify

Practicum (On-site) Evaluation

Date Preferred: _____

Type: Job Site Mock up Wall

Project Name: _____

Location Address: *(attach directions)* _____

How to contact you? Cell Phone: _____ Home Phone: _____ Office Phone: _____

Type of Foam? Medium Density Light Density (Open Cell)

Do you require foam released to you for your Evaluation? No Yes *(Maximum Foam Release Allowance Is Two Sets)*

List your Foam Manufacturer: _____

I have reviewed the BPQI Certification Handbook/Evaluation Overview Handbook online found at this link:

<http://www.buildingprofessionals.ca/wp-content/uploads/P-090-018-Rev-1-BPQI-Foam-Sprayer-Certification-Handbook1.pdf>.

I have reviewed and understand what I am being evaluated on and agree that if I should be unsuccessful, I must retake and pay all incurring costs to re-do the written or Practicum Evaluation.

Please print name and sign to approve this form:

_____ **Print Name** _____ **Applicants Signature** _____ **Date**

In addition to this form, please fill out the **Certification Fees and Costs Order Form** for payment.