

Installer Application Form

INSTALLER INFORMATION															
*Name: (First , Last)															
Date of birth (YYYY/MM/DD)		Phone:													
Current address:		Email:													
City:	Province:	Postal Code:													
Name of manufacturers product to be sprayed by applicant:			CCMC#:												
Any special needs, allergies or other requirements for considerations:															
Emergency Contact Name:		Relation:													
Primary Phone Number:		Alternate Phone Number:													
EMPLOYMENT INFORMATION															
Current employer:															
Employer address:			Length of employment?												
Phone:	E-mail:		Fax:												
City:	Province:	Postal Code:													
Position:															
Previous employer (if applicable):															
Location:			Length of employment?												
<p>Experience related to Spray foam application (please circle)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Have you been on a spray foam job-site?</td> <td style="width: 20%; text-align: center;">Yes</td> <td style="width: 30%; text-align: center;">No</td> </tr> <tr> <td>• Have you handled spray foam application equipment?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>• Have you applied spray foam materials?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>• Have you been a helper / apprentice on a job-site or rig?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>				• Have you been on a spray foam job-site?	Yes	No	• Have you handled spray foam application equipment?	Yes	No	• Have you applied spray foam materials?	Yes	No	• Have you been a helper / apprentice on a job-site or rig?	Yes	No
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• Have you handled spray foam application equipment?	Yes	No													
• Have you applied spray foam materials?	Yes	No													
• Have you been a helper / apprentice on a job-site or rig?	Yes	No													

<p>Additional comments regarding experience:</p> <p>Currently Licensed? If yes, with who?</p> <p>Expiry date:</p>			
<p>_____ Signature</p>		<p>_____ Date</p>	
<p>By signing the above, I hereby declare the provided information is accurate. Any information found to be false or misleading is grounds for suspension of certification or removal from the Urethane Foam Consultants certification program.</p>			
<p>UFC INFORMATION SECTION (TO BE FILLED BY UFC STAFF ONLY)</p>			
<p>Application # _____</p>			
<p>Application reviewed by: _____</p>		<p>Approved by: _____</p>	
<p>Registration Fee</p> <p>Sent: _____</p> <p>Received: _____</p>	<p>Exam Fee Sent</p> <p>Sent: _____</p> <p>Received: _____</p>	<p>Practical Exam Fee</p> <p>Sent: _____</p> <p>Received: _____</p>	
<p>Installer Exam Written Score #1: _____</p>		<p>Installer Field Audit Score #1: _____</p>	<p>Certificate issue Date: _____</p> <p>Certificate Expiry Date: _____</p> <p>ID card Issue Date: _____</p> <p>ID card Expiry Date: _____</p>
<p>Graded by: _____</p>		<p>Graded by: _____</p>	
<p>Installer Exam Written Score #2: _____</p>		<p>Installer Field Audit Score #2: _____</p>	<p>Proof of Manufacturer training</p> <p>Date: _____</p>
<p>Graded by: _____</p>		<p>Graded by: _____</p>	
<p>Installer Exam Written Score #3: _____</p>		<p>Installer Field Audit Score #3: _____</p>	<p>Proof of safety training</p> <p>Date: _____</p>
<p>Graded by: _____</p>		<p>Graded by: _____</p>	

Application to be mailed to:

UFC – office manager, 160 Main St.S, Suite 547 Brampton, Ontario L6W 4C1 or sent via email to -
info@foamexperts.ca

Code of Conduct Form

I, (Print name) _____, hereby agree to the following installer certification obligations listed below:

1. Comply with all regulations and process set forth in the UFC certification scheme (i.e. surveillance audits, inspection and re-certification).
2. Install the product according to the CAN/ULC S705.2 application standard and any other application standard or specification that is relevant.
3. To make claims regarding certification only with respect to the scope for which certification has been granted (application of spray-applied polyurethane foam insulation).
4. Not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized;
5. To discontinue the use of all claims to certification that contain any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body;
6. Not to use the certificate in a misleading manner.
7. Advise the supervisor or contractor of any potential problems with the installation of the spray polyurethane foam material.
8. Provide all information requested to the UFC evaluator.
9. Approve UFC to provide current installer certification status to interested parties.
10. To only install spray polyurethane foam material which meets the appropriate standard or has received a Canadian Construction Material Center (CCMC) Evaluation Report or Listing.
11. Certified installer is to notify UFC of any changes to: personal or business contact information, insurance policy and current employer.
12. Daily Work Records are to be completed in full and retained for a period of 7 years by each spray foam contractor. Daily Work Records are to be submitted to UFC upon request.
13. The installer is subjected to a short-notice field evaluation once during the 5 year certification period. This surveillance audit is intended to verify that the certified installer is applying material in compliance with the current national standards, and the guidelines of the UFC quality assurance program.

I also agree that my failure to meet any of the above installer certification obligations can result in the suspension or withdrawal of my certification. In the event of a suspension or withdrawal of certification I agree to discontinue the use of all claims, certificates and certifications issued by UFC. Suspension and withdrawals of any UFC certification will be applied to all the installers ID cards regardless of the manufacture.

Signature: _____ Date: _____

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