



APPROVED APPLICATOR QUALIFICATION FORM

BUSINESS ASPECTS

1. Legal Name of organization/individual: _____
 2. Name under which business is conducted (if different from above): _____
 3. Address: _____
 4. Phone: _____ Fax: _____
 5. Corporation: _____ Partnership: _____ Individually owned: _____ Other (specify): _____
 6. How many years has your organization been involved in contracting? _____
 7. Contractor License Number _____ Classifications _____
 8. Owner, partner, or key officers:

Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____
 9. List the category of work your organization normally performs with its own crews:

 10. Market Coverage – List primary geographical territory in which your organization operates:

 11. Location of sales offices: _____
 12. Identify your carrier for Comprehensive General Liability (CGL) insurance coverage.
A current copy of the Certificate of Insurance must be attached with EVERROOF as a named additional insured and must hold a minimum of \$500,000 dollars of CGL insurance coverage.
 13. Is your organization bondable? _____ For what amount? _____
Please provide proof of bonding capacity, minimum of \$500,000 dollars required.

Insurance Carrier: _____ Policy Number: _____
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PERSONNEL

1. Number of coating/waterproofing crews your organization typically employs: _____

2. Please list the key applicators in your organization and their experience:

Name: _____ Title: _____

Experience: _____

Years with your organization: _____

Name: _____ Title: _____

Experience: _____

Years with your organization: _____

Name: _____ Title: _____

Experience: _____

Years with your organization: _____

Name: _____ Title: _____

Experience: _____

Years with your organization: _____

Name: _____ Title: _____

Experience: _____

Years with your organization: _____

EQUIPMENT

1. List the type of spray equipment owned. Single component and/or plural. High pressure and/or low pressure: _____

EXPERIENCE

1. List the major coating/waterproofing projects your organization has completed in the last two years. Please include the project name and the approximate size.

Please provide letters of reference (e.g., letters from customers, distributors)

3. List the approximate number and size of coating/waterproofing projects to be completed over the next 12 months: _____
4. List other coating brands your organization currently applies: _____

5. List other Approved Applicator certifications you have received from other manufactures:

6. Within the last year how many gallons, of any product, have you applied with Everroof Products? _____ (provide distributor invoices)
7. List the types of advertising and promotional methods your organization utilizes to generate sales: _____

Approved Applicator statues must be renewed annually.

Thank you for taking the time to complete this form. Please sign and return to:

Email: warranty@EverRoof.com

Owner or authorized officer of the company:

Signature: _____ Printed Name: _____

Title: _____ Date: _____