

CONTRACTOR APPLICATION

Please complete form entirely and forward along with payment to:
 CANADIAN URETHANE FOAM CONTRACTORS ASSOCIATION INC.
 P.O. Box 3214, Winnipeg, MB R3C 4E7

Phone: (204) 956-5888 or 1-866-467-7729 (866-GO-SPRAY)
 Fax: (204) 956-5819 or 1-877-416-3626

THIS FORM MUST BE COMPLETED FULLY OR THE APPLICATION WILL NOT BE PROCESSED

PART 1 - MEMBERSHIP

PART 1a – COMPANY INFORMATION

(Please print or type)

Representative (Primary Contact)		
Companies Legal Name		
Companies Trade Name		
Mailing Address		
Courier Address		
Website		
City	Province	Postal Code
Telephone	Fax (must be different from telephone)	E-Mail
Additional Branch Locations:		
Name and Addresses of all Principals and Directors: (if more than 3, please attach list to back)		
Name	Name	Name
Address	Address	Address
Type of Polyurethane Foam:		
<input type="checkbox"/> Spray Applied	No. of years of experience _____	
<input type="checkbox"/> Pour in Place	No. of years of experience _____	
<input type="checkbox"/> Other _____	No. of years of experience _____	
Type of Company:		
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Contractor	<input type="checkbox"/> Retailer	<input type="checkbox"/> Manufacturer
		<input type="checkbox"/> Distributor/Wholesaler
Company Incorporation # _____ Date of Incorporation/Registration _____		

PART 1b – MANDATORY DOCUMENTATION

A copy of the company's incorporation papers with incorporation number or GST form showing name & GST number must be provided.

PART 1c – MEMBERSHIP POLICY

Members' contribution to the CUFCA Industry Development Fund (IDF) is \$0.06 per kg of all purchased resin which conforms to CAN/ULC S705.1. This is billed quarterly.

PART 1d – MEMBERSHIP AGREEMENT

As a contractor member of CUFCA I agree to abide by CUFCA's code of ethics, to:

1. To hold sacred the concept of free enterprise and unselfish service to the customer.
2. To build industry recognition and strength.
3. To support the research and development of new materials and installations to find new and innovative uses of polyurethane products and services.
4. To advocate an advertising policy which:
 - promotes the strengths and merits of the company's businesses and products
 - advertises only bona fide prices and products
 - does not reflect negatively on competitors' products and services
 - furthers the goals of the whole industry
5. To comply with federal, provincial and municipal laws and regulations to ensure the safe use of the product and to ensure health and safety standards are not violated.
6. To provide the highest quality of materials and workmanship and honour any claims on the work completed.
7. To promote the use of polyurethane foam in a sustainable manner.
8. To foster industry cooperation and development.
9. To use and install material only for the intended use and only with qualified personnel.
10. To protect the environment and act in an environmentally responsible manner.

As a contractor member I agree also to pay all required fees, including a yearly membership fee and the CUFCA industry development fund (IDF). The CUFCA IDF is limited to medium density sprayed rigid polyurethane foam. I agree to submit my quarterly purchases of all medium density polyurethane foam resin to the CUFCA office by the 15th of the month following the end of the quarter (Jan 15, April 15, July 15 and October 15) or instruct my supplier to submit these figures on my behalf. The IDF is billed on a quarterly basis. All fees are subject to change.

I hereby agree to abide by the code of ethics and to pay all invoices issued by CUFCA as outlined above. I recognize that the fees may change from time to time.

I hereby authorize the CUFCA office to make public business and non-personal contact information for the purpose of general association management and marketing.

PART 2 - LICENSING

PART 2a – COMPANY INFORMATION

Please list other business interests (Other Legal Companies or Trade Names)

List your Main Suppliers (Minimum 3. Include address and telephone number)

Name	Name	Name
Address	Address	Address
Phone	Phone	Phone

List your current subcontractors used

1. _____

2. _____

3. _____

List employee installers and if applicable, indicate BPQI/Other certification #:

1. _____ # _____ 4. _____ # _____

2. _____ # _____ 5. _____ # _____

3. _____ # _____ 6. _____ # _____

Financial Information

Name of Financial Institution (Primary)	
Branch Address	
Contact	Position
Telephone	Fax

Name of Accounting Firm (if applicable)	
Address	
Contact	Position
Telephone	Fax

Legal Information

Name of Legal Firm (if applicable)	
Address	
Contact	Position
Telephone	Fax

Insurance Information

Name of Insurance Company	
Address	
Contact	Position
Telephone	Fax

Amount of Comprehensive General Liability Insurance: _____

Bonding Information

Has your Company ever been bonded? No Yes, indicate amount: _____
Has the Company ever been refused bonding? No Yes

Why was the Bonding obtained? _____

Market Information

What percentage of your clients are:

_____ % Residential Customers _____ % Industrial
_____ % Commercial/Institutional _____ % General Contractors

How many jobs does your company do in a year? _____

What are your estimated sales for the next 12 months? _____

What percentage of your jobs are between?

_____ % under \$10 000 _____ % \$50 000 to \$100 000
_____ % \$10 000 to \$25 000 _____ % \$100 000 to 250 000
_____ % \$25 000 to \$50 000 _____ % \$ 250 000 and over

Total estimated annual purchases of spray foam: _____

I am also interested in being involved in the following CUFGA Committees:

- Marketing Technical

PART 2b – MANDATORY DOCUMENTATION

Provide a copy of insurance certificate indicating a minimum of \$2,000,000 in General Liability Insurance coverage.

PART 2c – BPQI/OTHER CERTIFIED INSTALLER

Provide name and certification number of at least one BPQI/Other Certified Installer employed by your company:

I, _____ hereby declare that I am a BPQI/OTHER Certified Installer (certification
(Print Installer Name)

Number and Program _____) and I am in the employment of _____

(Print Company Name)

Installer Signature

(For information on certifying an installer please contact us at 1-866-467-7729)

PART 2d – CONTRACTOR LICENSING AGREEMENT (ANNEX A)

Fill out the "Contractor Licensing Agreement 008-32 Rev 1" and attach it to this application. Your ORIGINAL SIGNED Contractor Licensing Agreement must be received within 10 business days of your licensing date.

PART 2e – MANDATORY EQUIPMENT (ANNEX B)

Provide documentation of ownership of the proper "Site Test Kit" as defined in testing equipment in Annex L of the CAN/ULC S705.2 Installation standard. Review the "Site Test Kit Requirements" & "Site Test Kit Order Form" of ANNEX B for all site test kit information.

PART 2f – LICENSING FEE

The CUFCA industry development fund will pay the licensing fee on behalf of the contractor member. There is no licensing fee charge to the contractor member. Fees are subject to change without notice.

PART 2g – LICENSING YEAR

Both membership and licensing year run from July 1st through to June 30th of each year. All fees cannot be prorated.

PART 2h – LICENSING POLICIES

All requirements of Part 1 for Membership and Part 2 for Licensing must be fulfilled prior to the contractor being recognized as a CUFCA Licensed Contractor. Please note there is a 3 day maximum licensing processing time which begins once all requirements and payment is received. ONLY CUFCA Licensed Contractors in good standing are able to purchase CCMC evaluated medium density spray polyurethane foam.

I, _____ (company name) authorize CUFCA to share my information about my company's licensing status and any information or requirements pertaining to this status with manufacturers/suppliers.

Thank you for your application!