

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



Air Barrier Association of America LICENSED CONTRACTOR APPLICATION FORM

Please complete form entirely and forward along with payment to:
AIR BARRIER ASSOCIATION OF AMERICA INC.
1600 Boston-Providence Hwy
Walpole, MA 02081

phone: 1-866-956-5888
fax: 1-866-956-5819
email: abaa@airbarrier.org
web: www.airbarrier.org

(Please print or type)

| | | |
|----------------------------------|-----------|-------------|
| Representative (Primary Contact) | | |
| Companies Legal Name | | |
| Companies Trade Name | | |
| Mailing Address | | |
| Courier Address | | |
| Website | | |
| City | Province | Postal Code |
| Telephone | Facsimile | E-Mail |
| Additional Branch Locations | | |
| | | |
| | | |
| | | |

Type of Business

A Sole Proprietorship Corporation Partnership

Date of Incorporation/Registration _____

Name and Addresses of all Principals and Directors

(If more than 3, please attach list to back)

| Name | Name | Name |
|---------|---------|---------|
| Address | Address | Address |
| | | |

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

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

| | |
|-------------------------|----------|
| Name of Accounting Firm | |
| Address | |
| Contact | Position |
| Telephone | Fax |

Legal Information

| | |
|--------------------|----------|
| Name of Legal Firm | |
| Address | |
| Contact | Position |
| Telephone | Fax |

Insurance Information

| | |
|---------------------------|----------|
| Name of Insurance Company | |
| Address | |
| Contact | Position |
| Telephone | Fax |

Amount of Comprehensive General Liability Insurance: _____

**A copy of Insurance Certificate is required to be attached to this application, minimum liability:
\$ 2 000 000.00**

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

I hereby certify that to the best of my knowledge, the foregoing statements are true and correct, and they have been made to facilitate an agreement with ABAA.

I hereby authorize BPC, on ABAA's behalf to contact and obtain credit and other information as necessary from the references listed on this application, as well as to conduct any other personal or company investigation necessary for the purpose of qualifying as an ABAA licensed contractor.

I hereby agree to abide by the code of ethics.

Date

Authorized Signature

All information received on this form is held in strictest confidence. The purpose of this form is strictly to facilitate the process of becoming a licensed contractor under the ABAA rules and regulations and to facilitate a way to track industry market information. The information is kept on file at the BPC office. Under no circumstances is any one to have access to any information on this form other than the BPC office.

Method of Payment: Licensing Year (January 1– December 31)

My cheque, made out to Air Barrier Quality Assurance Program Inc.

Licensing Fee: \$700.00

(NOTE: You must already be a contractor member of the Air Barrier Association of America)**

SPECIAL NOTE: THE FULL MEMBERSHIP FEE IS CHARGED AT ALL TIMES AND IS NOT PRORATED

The full licensing fee is charged at all times and is not Pro-Rated.

Thank you for your application!