



EIFS QUALITY ASSURANCE PROGRAM INC (EQI) SITE AUDITOR APPLICATION FORM

The undersigned hereby applies to become a QAP EIFS Site Auditor.

Please complete form entirely and forward along with payment to:
EQI
410-250 McDermot Avenue
Winnipeg, MB R3B 0S5

phone: 1-866-391-3437
fax: 204.956.5819

COMPANY PROFILE

Legal Corporate Name: _____

Trade Name(s) (if different from above): _____

Mailing Address: _____

City: _____ **Province** _____ **Postal Code** _____

List the Principals (or Officers) Names (with titles) of the Company:

Nature of Business:

Year of Incorporation: _____

State office locations and areas that you serve:

Number of employees:



1-9 _____ 10-25 _____ 26-49 _____ 50-100 _____ Over 100 _____

EQI Certified Representatives

Individual & EQI Certification #: _____ # _____

Title _____

Telephone _____ Fax _____

E-Mail _____

Individual & EQI Certification #: _____ # _____

Title _____

Telephone _____ Fax _____

E-Mail _____

Individual & EQI Certification #: _____ # _____

Title _____

Telephone _____ Fax _____

E-Mail _____

Individual & EQI Certification #: _____ # _____

Title _____

Telephone _____ Fax _____

E-Mail _____

PROJECT HISTORY

Please list four EIFS inspection projects completed during the past 24 months – one project from each category shall be represented:

- ▶ Residential
- ▶ Commercial
- ▶ Restoration
- ▶ Forensics (Investigation)



Date Issued: July 1, 2009

Revision: January 6, 2011

- 1. Project Name _____
 Owner/Manager _____
 Location _____
 Architect (or Prime Consultant) _____
 EIFS Manufacturer _____
 EIFS Contractor _____
 Project Type _____

- 2. Project Name _____
 Owner/Manager _____
 Location _____
 Architect (or Prime Consultant) _____
 EIFS Manufacturer _____
 EIFS Contractor _____
 Project Type _____


- 3. Project Name _____
 Owner/Manager _____
 Location _____
 Architect (or Prime Consultant) _____
 EIFS Manufacturer _____
 EIFS Contractor _____
 Project Type _____

- 4. Project Name _____
 Owner/Manager _____
 Location _____
 Architect (or Prime Consultant) _____
 EIFS Manufacturer _____
 EIFS Contractor _____
 Project Type _____

COMPANY CRITERIA

- 1. Each applicant FIRM must at the time of application for certification, have been in business for a minimum period of 5 (five) years and/or have demonstrated experience in the Exterior Insulation & Finish Systems industry.

- 2. Each applicant FIRM will serve a probationary period of 2 years.

EIFS Quality Assurance Program Inc. (EQI) 	Ref./Title EQI Site Auditor Application Form Document No. 200-31 rev 5	
	Date Issued: July 1, 2009	Revision: January 6, 2011

3. Certification will be terminated should a member company go bankrupt or into receivership.
4. Certification is non transferable.

REPRESENTATIVE CRITERIA

1. Each applicant INDIVIDUAL must carry a professional designation, or be under the supervision of an individual who does. Professional designations include the following:
 - a. Persons who hold a certificate of authorization within the meaning of the Professional Engineers Act.
 - b. Persons who hold a certificate of practice within the meaning of the Architect's Act.
2. Each applicant INDIVIDUAL must at the time of application for certification, have a minimum period of 2 (two) years experience in the Exterior Insulation & Finish Systems industry. Each individual to provide two (2) references from recognized industry stakeholders (i.e. EQI Licensed Manufacturer or EQI Licensed Auditor from a different firm).

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

- My cheque, made out EQI must be enclosed (**Payment must be included with form**)
- Initial Auditor Firm Licensing Fee: \$500.00 plus GST/HST where applicable
- Initial Individual Site Auditor Licensing Fee: \$250.00 plus GST/HST where applicable

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

Thank you for your application!