


<b>EIFS Quality Assurance Program Inc. (EQI)</b> 	Ref./Title <b>EQI Awarded Job Notification Form</b> Document No. <b>D-200-015 Rev 4</b>	
	Date Issued: November 7, 2008	Revision Date: March 12, 2014

## **EQI Awarded Job Notification Form**

*Please fill in the below notification form and submit when you are awarded or at a minimum of 2 weeks prior to the job start date of any EQI specified projects.*

### **Project Information**

Project Name:	EQI Project Number:
Address/Location:	
Site Contact:	Project Start Date:
Estimated Project Completion Date:	

### **EQI Licensed Contractor**

Firm:	
Contact name:	
Address:	
Phone:	Fax:
Site Phone:	

### **Architect**

Firm:	
Contact name:	
Address:	
Phone:	Fax:
Email:	

### **General Contractor**

Firm:	
Contact name:	
Address:	
Phone:	Fax:
Site Phone:	
Email Address:	



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Identity of the EIFS product (Manufacturers Type & Name) along with the square footage being bid must be submitted as per the EQI Licensed Contractor Agreement.

EIFS Manufacturer & Product Type: \_\_\_\_\_

Square Footage (of EIFS being applied): \_\_\_\_\_

I hereby certify that the information provided is correct and true. I realize I may be required to verify this information with the appropriate documentation, if requested.

  x    
\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Date

Attachments Required:

- 1. Copy of Specification for EIFS installation

*This form is to be submitted when you are awarded or at a minimum of 2 weeks prior to the job start date of any EQI specified project.*

**FAX: 204.956.5819**  
**Email: [admin@eifsqap.com](mailto:admin@eifsqap.com)**