



EIFS Quality Assurance Program Inc. (EQI)

Ref./Title
EQI Licensed Contractor Application Form
Document No.
200-09 Rev 6

Date Issued: November 7, 2008

Revision Date: August 15, 2011

EIFS Quality Assurance Program Inc. (EQI)

LICENSED CONTRACTOR APPLICATION FORM

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

phone: 1-866-391-3437
fax: 204.956.5819
email: admin@eifsqap.com

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

DEFINITIONS:

“EQI Licensed Contractor” means a corporation or entity accredited and licensed by EQI to contract the installation of EIFS.

“EIFS Quality Assurance Program Inc. (EQI)” means a legal corporation established to oversee the EIFS Quality Assurance Program (QAP).

“Exterior Insulation and Finish System (EIFS)” means a wall cladding system comprised of a rigid thermal insulation board, a method of attachment of the thermal insulation board to the substrate, a base coat, a reinforcing mesh embedded in a base coat, and a finish coat.

Level of Financial Instrument Applying for: (please write level) _____

Level	Required Financial Instrument	Maximum EIFS Area/ Project	Maximum Annual EIFS Area Installed
1	\$ 20,000.00	500 m ² (5,000 Sq. Ft.)	< 7,500 m ² (80,000 Sq. ft)
2	\$ 35,000.00	1,000 m ² (10,000 Sq. Ft)	< 15,000 m ² (140,000 Sq. ft)
3	\$ 75,000.00	2,000 m ² (20,000 Sq. Ft)	< 30,000 m ² (300,000 Sq. ft)
4	\$ 150,000.00	Unlimited	Unlimited

Financial instrument level is to be used as security in the event the *EQI Licensed Contractor* is unable or unwilling to address deficiencies deemed to be the result of faulty installation. The amounts payable shown in the above table are based on the size of projects that an *EQI Licensed Contractor* intends to bid. The financial instrument shall be retained for the duration of the *EQI Licensed Contractor's* licensing agreement with *EQI* and until the expiration of the five-year warranty period for the last *QAP Project* executed and completed by the *EQI Licensed Contractor*.



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(Please print or type)

Representative (Primary Contact)		
Companies Legal Name		
Companies Trade Name		
Mailing Address		
Courier Address		
City	Province	Postal Code
Telephone	Facsimile	E-Mail
Additional Branch Locations:		
Type of Business		
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership Incorporation Number _____ <input type="checkbox"/> Federal <input type="checkbox"/> Provincial 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

Experience

- Exterior Insulation and Finishing Systems No. of years of experience _____
- Other _____ No. of years of experience _____
- Other _____ No. of years of experience _____
- Other _____ No. of years of experience _____

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



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List your Main Suppliers (minimum 3, include address and telephone number)

Name	Name	Name
Address	Address	Address
Phone	Phone	Phone

Financial Information

Name of Bank (Main)	
Branch Address	
Contact	Position
Telephone	Fax

Name of Accounting Firm	
Address	
Contact	Position
Telephone	Fax

Legal Information

Name of Legal Counsel	
Address	
Contact	Position
Telephone	Fax

Insurance Information

Name of Insurance Company	
Address	
Contact	Position
Telephone	Fax
Amount of comprehensive general liability insurance:	Expiry Date:

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

Bonding Information

Has your company ever been bonded? Yes No

Has the company ever been refused bonding? Yes No

Why was the bonding refused?



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Limit of bonding \$ _____

Name of Bonding Company	
Address	
Contact	Position
Telephone	Fax

WCB Information

Does your company belong to WCB? Yes No
If yes, please provide number _____

Company Profile

How much EIFS annual square footage does your company install per year? _____

How many EIFS projects do you do in a year? _____

How many employees to you have? _____

Geographic area that you serve:

Mechanic Information

QAP Licensed Mechanic's Name	Licensing Number



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Declare EQI coordinator for contractor

Individual's Name	2 nd contact (back up)
Email	Email
Phone	Phone

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 EQI for the Quality Assurance Program.

I hereby authorize EQI to contact and obtain 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 EQI 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 EIFS Quality Assurance Program Inc. (EQI) rules and regulations and to facilitate a way to track industry market information. The information is kept on file at the EQI office. Under no circumstances is any one to have access to any information on this form other than the EQI office.

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

- My cheque, made out EQI must be enclosed **(Payment must be included with form)**
- Initial Licensing Fee: \$750.00 plus GST/HST where applicable
- Renewal Licensing Fee: \$500.00 plus GST/HST where applicable

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

Thank you for your application!