



EIFS Quality Assurance Program MECHANIC APPLICATION FORM FOR CERTIFICATION

Please refer to EIFS Quality Assurance Program Mechanic Certification handbook for all requirements to become certified & licensed.

DEFINITIONS:

“**EQI Licensed Mechanic**” means an individual who has been certified and licensed by *EQI* to install *EIFS* materials and components.

“**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.

Mechanic Name:	
Company Name:	
Company Address:	
Company Phone:	Company Fax:
Home Address:	
Home Phone:	Email:

Experience

EIFS Installation	No. hours of experience	_____
Other _____	No. hours of experience	_____
Other _____	No. hours of experience	_____
Other _____	No. hours of experience	_____



Date Issued: November 7, 2008

Revision Date:

Other Qualifications / Trade Experience (Including Level of Education)

Applying for status as: (please check)

- Level 3 Mechanic
 Level 4 Mechanic

Previous Employment

Company	Contact	Phone

References

Company	Contact	Phone

PLEASE REVIEW AND SIGN THE FOLLOWING:

I, (*print name*) _____, do solemnly declare; that to the best of my knowledge, the foregoing information is true and correct AND I make this solemn declaration conscientiously believing it is to be true and knowing that it is of the same force and effects as if made under oath and by virtue of the "Canadian Evidence Act". I hereby authorize EQI to provide, on request my status as a certified installer, at that time.

APPLICANT SIGNATURE

DATE



Date Issued: November 7,
2008

Revision Date: July 16, 2009

EQI LICENSED MECHANIC CODE OF CONDUCT FORM

I, (print name) _____, hereby agree, as express conditions to my continuing eligibility for licensing and certification under the EQI program, to the following obligations:

- I. Comply with all regulations and processes set forth by EQI (i.e. surveillance, inspection and re-certification activities);
- II. Install the EIFS product according to the EQI Licensed Manufacturers instructions and any other application standard(s) or specification(s);
- III. Conduct the required daily on-site inspection(s);
- IV. Complete the required documentation;
- V. Work in a safe manner and use the required safety equipment;
- VI. Adhere to all local and provincial regulations;
- VII. Conduct myself in a professional manner;
- VIII. Advise my supervisor or my EQI Licensed Contractor of any potential problems with the installation of EIFS;
- IX. Provide all information requested by the EQI auditors; and,
- X. Approve EQI to provide evidence of my certification under the EQI as an EQI Licensed Mechanic, if and when such certification is obtained, to all interested persons requesting that certification evidence.

I also agree that my failure to meet any of the above mechanic certification obligations can result in the suspension or withdrawal of my certification.

Mechanic Signature: _____

Date: _____

FOR EQI OFFICE USE ONLY

Date Received _____ Date Approved _____ By: _____



Date Issued: November 7, 2008

Revision Date: August 15, 2011

EQI LICENSED MECHANIC CERTIFICATION FEES AND COSTS

MECHANIC NAME:	

COMPANY NAME:			
COMPANY ADDRESS:			
COMPANY PHONE:		COMPANY FAX:	

CERTIFICATION COSTS:	DETAILED COSTS:	FEES	QUANTITY	TOTAL
	One-time Initial Registration	\$250.00		
	Written Examination	\$75.00		
Annual Costs:	Annual Certification Renewal	\$125.00		
			GST/HST	
			TOTAL PAYMENT	

*All fees/costs are subject to GST/HST where applicable, are subject to change without notice, are not pro-rated or refundable and must be pre-paid for each calendar year. All fees are individually based and are payable for each EQI Licensed Mechanic. EQI reserves the right to withdraw or suspend EQI Licensed Mechanic certification when payment is not received.

My cheque for total payment, made out to EQI, must be enclosed.
(Payment must be sent with this form)

**Please forward this form and payment to: EQI 410-250 McDermot Avenue
 Winnipeg, MB R3B 0S5**

FOR EQI OFFICE USE ONLY

Date Received _____ Date Approved _____ By: _____