



Date of Issue: 10/22/2014

Design Professional or Owner Intent To Register EQI Projects

Please fill this form if you are a Design Professional or Owner wanting to register any EQI specified projects.

Project Information

Project Name:
Address/Location:
Bid closing date:

Owner

Firm:		
Contact Name:		
Address:		
Phone:	Fax:	Email:

Architect

Firm:		
Contact Name:		
Address:		
Phone:	Fax:	Email:

Contact: _____

Signature

Date

Attachments Required:

1. Copy of Specification for EIFS installation (if available)

This form is to be faxed or emailed to the EQI office **if you will be registering** an EQI specified project.

FAX: 204.956.5819
Or
E mail: admin@eifsqap.com