

3. SELECT YOUR CERTIFICATE PROGRAM AND COMPLY WITH PRE-QUALIFICATIONS

Select only ONE of the three categories that follow.

- EIFS Mechanic EIFS Industry Professional EIFS Inspector

Fill in the information for the selected category on the pages that follow. Refer to the pre-qualifications sections in the brochure for details. This will be used for background verification. Add separate pages if needed. Discovery of false information may cause disqualification or later revocation of certificate. Data will be randomly checked.

CATEGORY 1 – EIFS MECHANIC *(Complete this section only if applying for the mechanics' certificate program.)*

I certify that the participant has at least one year of on-the-wall field experience working with EIFS, or has completed the EIFS instruction of a qualified plastering apprenticeship program, and is able to **read and understand English at a sixth grade level**. Seminar instruction is in English. The mechanic exam is available in English or Spanish.

- Check here if participant desires to take the exam in Spanish.

Signature of contractor/employer Company Date and Signature of participant Date

CATEGORY 2 – EIFS INDUSTRY PROFESSIONAL

Choose ONE of the options below and complete required information (add sheet if necessary).

- EIFS contractor experience* *EIFS distributor experience* *EIFS manufacturer experience*

Provide requested information to document **at least three years** of experience:

Current Employer Employment Dates ____/____ to ____/____

Previous Employer _____ Employment Dates ____/____ to ____/____ Employer Phone (____) _____

- General Construction* Provide requested information to document **at least five years** of related construction experience:

Current Employer Employment Dates ____/____ to ____/____

Work Performed _____

Previous Employer _____ Position/Title _____

Employment Dates ____/____ to ____/____ Employer Phone (____) _____

Work Performed _____

- Apprenticeship Instructor* Provide requested information to document **at least 2 years** as an instructor in an EIFS-related trade.

Current Employer Employment Dates ____/____ to ____/____

Contact Person _____

Subjects taught related to EIFS _____

- Architect* *Engineer*

Professional degree in architecture/engineering from _____, or R.A. Number _____ State _____
P.E. Number _____ State _____

List other related experience that expands on the previous information:

I certify the information completed above is true, and I have the ability to read blueprints and have a high school diploma or GED (or higher).

Applicant Signature Date

Is your company interested in becoming an EIFS*Smart* Contractor?

- Yes No My company already participates in the program.

If you checked yes, please designate a contact person and information will be provided.

Contact Person _____ Fax (____) _____ Phone (____) _____

CATEGORY 3 – EIFS INSPECTOR

Those currently employed by a firm that is regularly engaged in independent inspections may apply to be an EIFS Inspector. Pre-qualifications can be met either by having experience as an independent inspector or by having sufficient experience with EIFS distribution, manufacturing or contracting. Choose ONE of the two options below and provide the requested information.

INDEPENDENT INSPECTOR

I am employed as:

- Building Official Home Inspector
 Independent 3rd Party Inspector

Please show **at least three years** of inspection experience (does not have to include EIFS inspections).

Current Employer

Employment Dates _____/_____/_____ to _____/_____/_____

Contact Person _____

Summary of Inspection Duties _____

Previous Employer _____

Job Title _____

Employment Dates _____/_____/_____ to _____/_____/_____

Employer Phone (_____) _____

Contact Person _____

Summary of Inspection Duties _____

Certifications/licenses currently held: _____

PROFICIENT EIFS PERSONNEL

Note: Those currently employed by contractors, manufacturers or distributors are not eligible for the EIFS Inspectors' category.

Current Employer

Employment Dates _____/_____/_____ to _____/_____/_____

Contact Person _____

Summary of Work Performed _____

Choose one of the categories below and provide the requested information to document **at least five years** of jobsite installation or inspection experience in:

- EIFS Distribution EIFS Manufacturing
 EIFS Contracting

Previous Employer _____

Job Title _____

Employment Dates _____/_____/_____ to _____/_____/_____

Employer Phone (_____) _____

Contact Person _____

Summary of Work Performed _____

(Add sheet, if necessary.)

List other related experience that expands on the previous information:

I certify the information completed above is true and I have the ability to read blueprints; a high school diploma or GED (or higher); and physical ability to observe work in progress from the ground, on scaffolding and on a swing stage.

Applicant Signature _____

Date _____

4. PAYMENT INFORMATION

Payment Type

check enclosed with mailed application

credit card payment for mailed or faxed application

Visa MasterCard American Express

Card No. _____ Exp. Date _____

Signature _____

Cardholder Name (print) _____

Fees	AWCI Member	AWCI Non-Member
EIFS Mechanic	<input type="checkbox"/> \$275	<input type="checkbox"/> \$375
EIFS Industry Professional	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495
EIFS Inspector	<input type="checkbox"/> \$395	<input type="checkbox"/> \$495

Cancellation Policy: If you must cancel, your application fee will be refunded in full, less a \$50 processing fee, if we receive your cancellation in writing 21 days prior to the first day of the seminar. No refunds for no-shows.

5. INDEMNITY AGREEMENT AND SIGNATURES REQUIRED

Indemnity Agreement

All companies participating in the AWCI Education and Certificate Program EIFS–Doing it Right are required to sign this Indemnity Agreement.

To the fullest extent permitted by law, I/we hereby agree to indemnify, defend and hold harmless AWCI from and against any and all claims, demands, suits, actions, losses, expenses or damages of any and every kind, including but not limited to attorney’s fees and expenses of litigation incurred or imposed upon AWCI, however caused, resulting from, arising out of, or in any way connected with my/our participation in the Program.

The indemnitor/company’s indemnity does not extend to work performed by any different and independent company who employs the individual applicant.

I/we agree to this Indemnity Agreement in consideration for AWCI permitting participation in the Education and Certificate Programs for which I/we have enrolled employee(s) or representatives.

For purposes of this Indemnity Agreement, “AWCI” includes The Association of the Wall and Ceiling Industry and its successors, assigns, directors, officers, agents, employees, members, volunteers and servants. This includes any former directors, officers, agents, employees, members, volunteers or servants of AWCI whether or not such person is a director, officer, agent, employee, member, volunteer or servant at the time this Indemnity Agreement is applied.

I/we agree that this Indemnity Agreement specifically covers, but is not limited to:

- (a) any breach by me/us of any obligations to my/our customers; and
- (b) expenses and liabilities in connection with any legal proceeding to which AWCI may be made a party or become involved by reason of my/our participation in the Education and Certificate Program.

I/we agree to assume and pay for the defense of any and all legal actions brought against AWCI covered by this Indemnity Agreement within five (5) days from the date of written notice to assume such defense from or on behalf of AWCI.

The terms and conditions of this Indemnity Agreement shall be in addition to and not exclusive of all other rights of indemnity or contribution to which AWCI may be entitled under applicable law or contract.

I am authorized and have read and agree to enter into the *Indemnity Agreement*

on behalf of _____ as stated above.
Indemnitor/Company

X _____
Signature required of authorized company officer Print Name Legibly Title Date

I have read and agree to enter into the *Indemnity Agreement*.

X _____
Signature required of individual participant Date