



Natural Fiber Installers Certification Certified Installer Application

Complete, sign and submit form with payment.

Applicant Name: _____

Name Used: _____

Years in Trade: _____

Company name or Company Sponsor name: _____

Work Phone: () _____ Cell # () _____

Birth Date: _____

Address to appear in the NFIC directory:

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Website _____

Signature on this form verifies that the information on this page is true to the best of my knowledge. Any installer who does not pass has one year to return at an addition cost of \$25.00 fee to complete the original categories. I understand that the testing will involve installation procedures and equipment common to the industry, including all risks associated with installation activities. As further consideration for this opportunity, I specifically agree to release NFIC, its officers or employees from any and all claims and specifically waive all such losses against the Association and such persons. In the event my activities cause injury or damage to any other person or entity, then I agree to fully indemnify, hold harmless, defend and protect the Association and all related persons from such losses, including any losses caused in part by the negligence of such others, I fully understand that failure to conduct myself in a responsible manner during the testing program may result in my termination.

Signed: _____ Date: _____

Each year that you are part of this organization there will be yearly dues of \$100.00

Credit Card # _____ Exp. Date: _____

Mail To: NFIC P.O. Box 4248 Canton, Ga. 30114 Email: nfic2006@yahoo.com

Phone: 770 720-4537 Fax: 770 485-4988