The following steps will be required to obtain **UFC Certification**. Please contact us for any further information regarding the steps detailed below:

1) **UFC Application:** Each installer applying for UFC certification must submit a completed and signed UFC Application Form. This form is available via PDF from www.foamexperts.ca or by contact the UFC office at 905-702-2555 or info@foamexperts.ca.

2) **Liability Insurance:** As a requirement of the UFC program, each licensed contractor must maintain minimum $2 million liability insurance and sign the appropriate code of conduct form below.

3) **Digital photo:** Each installer must provide a clear digital photo (passport style) depicting their face to use for their license card. Digital photo should be sent via email to info@foamexperts.ca

4) **Payment in full:** Upon receipt of the above items, UFC will issue a digital invoice via email unless otherwise requested. The invoice can be paid via credit card by calling 905-702-2555 or via cheque to the following address:

Polysource Industries Inc.
1 – 19925 Telegraph Trail
Langley, BC
V1M 3E6

Should payment be made via direct deposit or EFT, please contact the office at 905-702- 2555. Payment can be made through interac E-transfer to aluffman@foamexperts.ca

5) **Copy of current certification or installer card** (where applicable): Each installer applying for a 6-month temporary license must provide proof of a valid current license card. Card must be issued by a CCMC-recognized third-party (i.e. CUFCA or Caliber QAP).

If you have any questions you can contact us at: 905-702-2555 or by email at: aluffman@foamexperts.ca

Thank-you

Adam Luffman
General Manager

Urethane Foam Consultants
160 Main St.S, Suite 547
Brampton, Ontario
L6W 4C1 Canada

POLYSOURCE INDUSTRIES

Spring 2019

Certification Training Payment Information

Training course for installers **not currently licensed** (3 day School)

Total Certification Cost: $1850 plus taxes as applicable.

$140 yearly renewal

Valid for 5 years

Note: Concurrent equipment training available at **20% discount** rates.

Note: Restrictive class size to optimize training

Re-Certification charges for **currently licensed installers:**

Total Certification Cost: $975 (min 4 candidates) plus taxes as applicable.

$140 yearly renewal

Valid for 5 years

Payment Option #1: Cheques

Cheques are to be made payable to:

Polysource Industries Inc.
#1-19725 Telegraph Trail
Langley, BC V1M 3E6

Payment Option #2: Credit Card

A Visa or MasterCard credit card payment can be made directly to PSI. Please contact PSI Accounting by telephone at 1-877-986-8688 or by email at accounting@polysource.ca for more information.

Payment Option #3: Direct Deposit

A Direct Deposit can be used to make payment. Please contact PSI Accounting by telephone at 1-877-986-8688 or by email at accounting@polysource.ca for more information.

Cancellation Policy

Notice of a training candidate's intent to cancel a registration must be made in writing to PSI and is subject to the following terms:

- Training candidates whose cancellation request is received in excess of **14 days** prior or the start date of the training activity will incur no fees or charges.
- Training candidates whose cancellation request is within **14 days** prior to the start date, or after the commencement of training activity, will incur an administration fee equal to 100% of the obligation fee. This does not include any expenses associated with delivery of training services.

PSI reserves the right to cancel courses, change course location, change instructors, or change course content. In the event that a course must be cancelled or the location of the course changed, registrants will be informed 14 days prior to the start of the course.

Installer Application Form

INSTALLER INFORMATION		
***Name**: (First , Last)		
Date of birth (YYYY/MM/DD)	**Phone:**	
Current address:	**Email:**	
City:	**Province:**	**Postal Code:**
Name of manufacturers product to be sprayed by applicant:		CCMC #:
Any special needs, allergies or other requirements for considerations:		
Emergency Contact Name:	**Relation:**	
Primary Phone Number:	**Alternate Phone Number:**	

EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		Length of employment?
Phone:	E-mail:	Fax:
City:	Province:	Postal Code:
Position:		
Previous employer (if applicable):		
Location:		Length of employment?

Experience related to Spray foam application (please circle)

• Have you been on a spray foam job-site?	**Yes**	**No**
• Have you handled spray foam application equipment?	**Yes**	**No**
• Have you applied spray foam materials?	**Yes**	**No**
• Have you been a helper / apprentice on a job-site or rig?	**Yes**	**No**

Urethane Foam Consultants

Additional comments regarding experience: Currently Licensed or Certified? If yes, with who? Expiry date:
_____ _____ Signature Date By signing the above, I hereby declare the provided information is accurate. Any information found to be false or misleading is grounds for suspension of certification or removal from the Urethane Foam Consultants certification program.

UFC INFORMATION SECTION (**TO BE FILLED BY UFC STAFF ONLY**)

Application #			
Application reviewed by:		Approved by:	
Registration Fee Sent: Received:	Exam Fee Sent Sent: Received		Practical Exam Fee Sent: Received
Installer Exam Written Score #1:		Installer Field Audit Score #1:	Certificate issue Date: Certificate Expiry Date: ID card Issue Date: ID card Expiry Date
Graded by:		Graded by:	
Installer Exam Written Score #2		Installer Field Audit Score #2:	Proof of Manufacturer training Date
Graded by:		Graded by:	
Installer Exam Written Score #3		Installer Field Audit Score #3:	Proof of safety training Date
Graded by:		Graded by:	
Certification Approval Signature:		**Certification Approval Date:**	

Code of Conduct Form

I, (Print name)_____, hereby agree to the following installer certification obligations listed below:

1. Comply with all regulations and process set forth in the UFC certification scheme (i.e. surveillance audits, inspection and re-certification).
2. Install the product according to the CAN/ULC S705.2 application standard and any other application standard or specification that is relevant.
3. To make claims regarding certification only with respect to the scope for which certification has been granted (application of spray-applied polyurethane foam insulation).
4. Not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized;
5. To discontinue the use of all claims to certification that contain any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body;
6. Not to use the certificate in a misleading manner.
7. Advise the supervisor or contractor of any potential problems with the installation of the spray polyurethane foam material.
8. Provide all information requested to the UFC evaluator.
9. Approve UFC to provide current installer certification status to interested parties.
10. To only install spray polyurethane foam material which meets the appropriate standard or has received a Canadian Construction Material Center (CCMC) Evaluation Report or Listing.
11. Certified installer is to notify UFC of any changes to: personal or business contact information, insurance policy and current employer.
12. Daily Work Records are to be completed in full and retained for a period of 7 years by each spray foam contractor. Daily Work Records are to be submitted to UFC upon request.
13. The installer is subjected to a short-notice field evaluation once during the 5 year certification period. This surveillance audit is intended to verify that the certified installer is applying material in compliance with the current national standards, and the guidelines of the UFC quality assurance program.

I also agree that my failure to meet any of the above installer certification obligations can result in the suspension or withdrawal of my certification. In the event of a suspension or withdrawal of certification I agree to discontinue the use of all claims, certificates and certifications issued by UFC. Suspension and withdrawals of any UFC certification will be applied to all the installers ID cards regardless of the manufacture.

Signature:_____ Date:_____

I, (Print name of contractor)_____, hereby agree to carry and maintain a minimum $2 million commercial liability insurance as required in s705.2 and notify UFC of any cancellation or loss of insurance policy.

Signature:_____ Date: _____

Application to be mailed to:
UFC – office manager, 160 Main St.S, Suite 547 Brampton, Ontario L6W 4C1 or sent via email to - info@foamexperts.ca