

# Total Wall Application for Certified Applicator

Date of Application: \_\_\_\_\_

This form is an application for licensing as a TOTAL WALL Certified Applicator. Falsification of the information on this form may lead to the permanent cancellation of the license to apply any TOTAL WALL materials. Please complete as many items on this form as possible and fax it to TOTAL WALL at 352-629-2070. If you require further assistance, or if you have any questions, please call 888-702-9915. If the application is approved, the applicant will receive a Certificate qualifying the applicant to install TOTAL WALL products. The qualification is issued to an individual and not to a company. TOTAL WALL reserves the option to request 3rd Party Inspection of any installation of TOTAL WALL materials.

Name of Applicant: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

What date(s) did you attend TOTAL WALL training: \_\_\_\_\_

Names of TOTAL WALL Instructor(s) \_\_\_\_\_

What systems did you learn: \_\_\_\_\_

What was your test score: \_\_\_\_\_

Where was the training class held: \_\_\_\_\_

List the name and location of at least one system installation that you performed that we may inspect. You must have at least 2 years experience to become a certified applicator:

Project location: \_\_\_\_\_

What Type System: \_\_\_\_\_ Square footage: \_\_\_\_\_

Date completed: \_\_\_\_\_ Materials used: \_\_\_\_\_

What Finish: \_\_\_\_\_ Who installed the Caulk Sealant: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_