



PROGRAM INFORMATION

The **GacoWallFoam Qualified Applicator Program** has been developed with the needs of our contractors in mind. To help ensure you remain competitive among the best of the best in the industry, we are providing the assistance you need to quickly and easily complete the required components of the SPFA Professional Certification Program (PCP) for Assistant, Installer and Master Installer Certification. **And - Gaco will pick up the SPFA PCP Registration and Exam Fees, and administer the SPFA PCP Field Exam at no charge.**

Why become a GacoWallFoam Qualified Applicator?

- ◆ Differentiate yourself from your competition by demonstrating your knowledge, skills and high standard of professionalism.
- ◆ Be recognized and chosen by builders and architects who want to work with the best in the business.
- ◆ Reduce your risk – this program emphasizes jobsite safety and helps ensure your employees are well-trained.
- ◆ Receive commercial construction job leads.
- ◆ Ability to bid on more profitable projects. *(Gaco architectural specifications limit bidding to GacoWallFoam Qualified Applicators.)*
- ◆ Ability to bid on projects requiring ABAA Evaluated and/or GreenGuard Certified products. *(Gaco 183M Closed Cell Foam is ABAA Evaluated and GreenGuard Certified.)*
- ◆ Free support from GacoWallFoam Field Technical Services Team.
- ◆ Major builder and architectural call support.

Program Requirements:

- ✓ Completed GacoWallFoam QA Application Form with supporting documentation.
- ✓ At least one member of the company must register for the SPFA PCP and pass the Assistant, Installer and Master Installer written exams. *(No charge to you! Gaco will pick up the cost for up to 3 people per company.)*
- ✓ The company's installation techniques and experience must be approved by a member of the GacoWallFoam Technical Service Team. For those who would like to complete the SPFA PCP Field Exam in order to achieve Master Installer Certification, Gaco will administer the Field Exam at no charge.
- ✓ All Installers and Assistants must pass the FREE CPI On-line Health and Safety Course; new employees must pass the CPI On-line Health and Safety Course prior to starting work on a jobsite. *(<http://spraypolyurethane.org/SPF-Chemical-Health-and-Safety-Training>)*

GacoWallFoam Qualified Applicators Receive:

- ❖ GacoWallFoam Qualified Applicator Certificate
- ❖ Electronic GacoWallFoam Qualified Applicator Logo for use on your website, literature, etc.

Let's Get Started!

STEP 1

- ✦ **Complete** the GacoWallFoam QA Application Form including required information as listed on the Form.
- ✦ **Complete** the SPFA PCP Certification Registration Form w/CPI # for each person who will be taking exams.
- ✦ **Submit** these forms to: **Cheryl Schreiner, Gaco Western**
Mail: 2701 Transit Road, Suite 131, Elma, NY 14059
Fax: 716.675.0934
Email: CSchreiner@gaco.com

STEP 2

- ✓ **Review** Study Guides - available from Gaco Western at no charge.
- ✓ **Participate** in Assistant, Installer and Master Installer Online Webinars - available on www.gacouniversity.com at no charge.
- ✓ **Contact** your GacoWallFoam Area Manager to schedule a time for the Area Manager to proctor the Assistant, Installer and Master Installer Exams at your place of business.
- ✓ **Complete** the Exams; Your Area Manager will bring the Exams, and when completed, will return them to SPFA for grading. You will be notified upon successfully passing the exams.

STEP 3

- ❖ **Schedule** a date and time for a member of the GacoWallFoam Field Technical Services Team to visit a jobsite and review/approve your installation techniques and experience. For those who would like to complete the SPFA PCP Field Exam in order to achieve Master Installer Certification, Gaco will administer the Field Exam at no charge.

STEP 4

- ▼ **Upon successful completion** of all components of the program, Gaco will confirm Contractor's status as a GacoWallFoam Qualified Applicator and issue a printed and electronic certificate, subject to renewal annually.

Please contact your GacoWallFoam Area Manager today for more information.

Gaco Western
SINCE 1955

gaco.com | 877 699 4226



APPLICATION FORM

CONTACT NAME: _____

TITLE: _____

COMPANY NAME: _____

PHONE: _____ FAX: _____

E-MAIL: _____ WEBSITE: _____

TAX EXEMPT #: _____ CONTRACTOR'S LIC. #: _____

MAILING ADDRESS: _____ SHIPPING ADDRESS: _____

TYPE OF GACO SYSTEMS YOUR COMPANY APPLIES:

- ☐ Open Cell Spray Polyurethane Foam Insulation
- ☐ Closed Cell Spray Polyurethane Foam Insulation

PLEASE INCLUDE THE FOLLOWING INFORMATION:

- ☐ **SPFA PCP Certification Registration Form** (see page 3 of this Application)
CPI Online Health & Safety ID #of person registering for SPFA PCP Certification is required on this form.
Already SPFA PCP Certified? No form required. Please submit a copy of your SPFA PCP Certification Card(s).
- ☐ **Current Insurance Certificate** (please provide a copy)
- ☐ **Quantity and Type of Proportioners** (please list below, use additional sheet if necessary)

<i>Brand</i>	<i>Model</i>	<i>Quantity</i>

- ☐ **Job References** - A minimum of 10 completed in the last 12 months

<i>Completion Date</i>	<i>Project Name</i>	<i>Location</i>	<i>Board Feet</i>	<i>OC or CC?</i>	<i>Description</i> (i.e. building type, residential or commercial, walls, attic, crawl, below grade, air barrier, etc.)

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ADDITIONAL INFORMATION REQUIRED PRIOR TO ACHIEVING QUALIFIED APPLICATOR STATUS:

(Not required for submission of Application)

- ☐ **OSHA 10-Hour Card** for each person registering for SPFA PCP Certification and taking Installer and Master Installer Exams.
- ☐ **Names of Installers and Assistants** (please list below, use additional sheet if necessary)

<i>Name</i>	<i>Position</i>	<i>Hire Date</i>	<i>CPI Online Health & Safety ID Number*</i>

*CPI Online Health & Safety ID # of each employee is not required on this form, but must be submitted prior to Contractor achieving Qualified Applicator status)

Please send this information in confidence to Cheryl Schreiner for processing and ultimate confirmation of GacoWallFoam Qualified Applicator status.

Email: cschreiner@gaco.com

Fax: 716.675.0934

Mail: Gaco Western, 2701 Transit Road, Suite 131, Elma, NY 14059

Approved By: _____ Gaco Area Manager: _____

Territory: _____



SPFA PCP CERTIFICATION REGISTRATION FORM



\$_____ *One Time Certification Registration Payment is required with Initial Registration*
(This Fee is Not Included in your Training or Examination Costs)

☐ *Initial Registration (See SPFA PCP Order form for rates)*

☐ *Renewal (Invoice Fee sent separately)*

1) Please list your information: *(please print)*

RENEWING REGISTRANTS MUST COMPLETE THIS FORM TO PROVIDE A CURRENT ADDRESS AND CPI NUMBER.

Please note that this address and email will be used for all future correspondence, such as mailing your ID Card.

Name: _____

Company Name: _____

This is my: ☐ Home Address ☐ Company Address

Address: _____ City, State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____

2) ACC SPF Chemistry Health & Safety Training ID# (CPI): _____

Expiration Date: _____

3) I have reviewed the current online SPFA Certification Handbook(s) posted at www.sprayfoam.org for the certification(s) I am pursuing. (Insulation, Roofing, Field Examiner, Supplier Rep). I have reviewed and understand what I am being evaluated on. I also accept the policies and procedures of the SPFA PCP. I understand and agree that if I should be unsuccessful with any exam (written or field), I must retake and pay all incurring costs to re-do the written or Field Examination.

4) Please check off certification desired: *(either or both)*

<input type="checkbox"/> Contractor Individual:	<input type="checkbox"/> Insulation	<input type="checkbox"/> Roofing
<input type="checkbox"/> Supplier Representative:	<input type="checkbox"/> Insulation	<input type="checkbox"/> Roofing
<input type="checkbox"/> Field Examiner		

5) Please review and sign the following:

I do solemnly declare; that to the best of my knowledge, the foregoing information is true and correct. I hereby authorize SPFA to provide, on request, my SPFA PCP certification status.

Signature

Date

Please send to Cheryl Schreiner for processing.

Email: cschreiner@gaco.com / **Fax:** 716.675.0934

Mail: Gaco Western, 2701 Transit Road, Suite 131, Elma, NY 14059