

## Application Rugged Certified Partner Program

Firm Name			Date
Street Address			
City		State	Zip
Phone	Fax	Web	
Primary POC		Email	
OFFICERS			
President		Vice President	
Treasurer			
1. Incorporation Date		State	
2. Years in Business	Years in Spray	Foam Business Years in Spra	y Foam Business
3. Initial dollar capitalization	on if business is less	s than 3 years old:	
4. Prime Contact		email address:	
<b>5.</b> Number of Employees:	and the second s		
		st Calendar Year:	
7. Approximate Roof Area C	Completed Last Year		
<b>8.</b> Type of Roof Coatings us	sed: Acrylic	Silicone Urethane Other	
<b>9.</b> Number/Type of Coating	g Rigs:		
Single Component:		Plural Component:	
Heated Plural Componer	nt:		
<b>10.</b> Number/type of Foam	Application		
Equipment	The contraction of the contract of the contrac		

<b>12.</b> List Other Roofing Manufac	cturers that have approved y	our firm currently:	
BUSINESS REFERENCES			
1. Major Trade References (list t	three)		
name	address	city/state/zip	phone
3			
Rugged Coatings Represent		,000 sq. ft. or more (with report and pho	otos). May be visited by a
—			
Address			
Address			
Address Contact Number of Squares  2 Job Title		Phone	
Address  Contact  Number of Squares		Phone Type of System Date of Job	
Address Contact Number of Squares  Job Title Address		Phone Type of System	
Address  Contact  Number of Squares  Job Title  Address  Contact  Number of Squares		Phone	
Address  Contact  Number of Squares  Job Title  Address  Contact  Number of Squares		Phone	
Address Contact Number of Squares  2 Job Title Address Contact Number of Squares  3 Job Title Address		Phone	



