



NATURAL FIBER INSTALLERS CERTIFICATION
CERTIFIED INSTALLER APPLICATION

Complete, sign and submit two page form with payment to NFIC, 2 to 3 weeks prior to Certification event
At this time the study guide will be mailed to you

Applicant Name: _____

Name Used: _____

Certification Location Attending: _____ Years in trade _____

Company: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Birth Date: _____

Please list language, other than English, in which you are fluent: _____

Shirt Size (circle one) X-Large Large

Address to send Newsletter and other mailings:

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Address to appear in NFIC National Directory:

Directory Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: (_____) _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Email: _____

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 additional \$25.00 charge 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, it's 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 further understand that failure to conduct myself in a responsible manner during the testing program may result in my termination.

Signed: _____ Date: _____

Mail to: Natural Fiber Installers Certification, P.O Box 4248, Canton, GA. 30114
770 720-4537 - phone | 770 720-4671 - fax