



Company Qualification APPLICATION FORM

Company Information

Name of Company: _____

Legal Name of Corporation (if different): _____

Name of Company Representative: _____

Co. Address: _____

City: _____ Prov./State: _____

Postal/ZIP Code: _____ Email: _____

Phone Number: _____ Fax Number: _____

Company Information

I have attached a COPY of our Company Liability Insurance Policy Yes

(We only require the cover sheet to your policy – for assistance contact your insurance agent)

I have attached a COPY of our After Service Follow-up Report Yes

I have attached a COPY of our Federal ID #: Yes

Federal ID #: _____

Company Disclaimer

As the Company Representative I accept responsibility to administer any necessary components of the Phil Ackland's Company Qualifications or Certification Process for this company. I agree that Phil Ackland's material is copyrighted to Phillip Ackland Holdings Ltd, and I will not copy or share, in any form, this material with others.

I agree the company will continue to support the tenants of the Phil Ackland Certification Pledge as stated below.

The Pledge

I will ensure my company communicates with customers, on a written After Service Report, (a copy of which is attached to this document) the following information:

- That the entire exhaust system was cleaned in accordance with Section *Cleaning of Exhaust Systems* (NFPA section “Cleaning Exhaust System”)
- Any areas of the exhaust system that cannot be cleaned, with the reasons why
- Any areas of the exhaust system that are inaccessible or unsafe work areas
- Visible serious deficiencies in the exhaust system. This is limited to knowledge an exhaust cleaner (NFPA section “Cleaning Exhaust System”) of these sorts of deficiencies.

I have read, understand, and agree to the procedures for Phil Ackland's Kitchen Exhaust Cleaner Certification Protocol or our certification is void.

As the company rep, I verify that the Crew Leader is aware of their responsibilities as a kitchen exhaust cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

This agreement and required documentation must be completed prior to submitting a Crew Leader Application.

I understand that we must maintain all requirements of Phil Ackland Certification Protocol

Company Representative's Signature: _____ Date: _____

If you have any questions, please contact our office (888-537-4878).

For use by Phil Ackland Holdings Ltd only

Company: _____ Date: _____

PAC Company Qualification Serial Number: _____