

# 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)*

☐ Contractor Individual: ☐ Insulation ☐ Roofing  
☐ Supplier Representative: ☐ Insulation ☐ Roofing  
☐ 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

**Return completed form(s) to SPFA PCP by:**

**Fax 1-866-242-5000 or e-mail [admin@spfapcp.org](mailto:admin@spfapcp.org) Questions: 1-866-222-5000**