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Dalton, GA

Hickory, NC

High Point, NC

Mount Airy, NC

Salt Lake City, UT



Application for Certified Roofing Contractor

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax _____

Officers/Owners/Titles _____

Incorporated? Yes No If yes, what state? _____

Number of Years Current Company Established? _____

Foam Schools and Training Seminars Attended (provide title, location & date):

Spray Foam Equipment Owned & Operated by firm _____

Approximately how many pounds of insulation spray foam has your firm applied within the last five (5) years? _____ lb.

Liability Insurance Carrier _____

Amount of liability insurance carried \$ _____

What states are you licensed to install roofing? _____

To the best of my knowledge, the above information is accurate and truthful.

Signed _____ Title _____

Printed Name _____ Date _____

THIS BOX FOR NCFI USE ONLY

Credit History _____ Purchase History _____ Qualification Roof _____
Approvals: SR _____ MC _____ Date _____