

National Air Barrier Association

MEMBERSHIP & LICENSING CONTRACTOR APPLICATION

Please complete form entirely and forward along with payment to:		phone: (204) 956-5888
NATIONAL AIR BARRIER ASSOCIATION INC.	or	1-866-268-NABA (6222)
P.O. Box 2747, Winnipeg, MB R3C 4E3		(1-866-467-7729)
Courier 410-250 McDermot Ave Winnipeg, MB R3B 0S5	fax:	(204) 956-5819
	e-mail	naba@naba.ca

(Please print or type)			
Representative (Primary Contact)			
Companies Legal Name			
Companies Trade Name			
Mailing Address			
Courier Address			
Website			
City	Province	Postal Code	
Telephone	Facsimile	E-Mail	
Additional Branch Locations			

Type of Business

А	□ Sole Proprietorship		Corporation	🗆 Partn	ership
Incor	poration #			Federal	Provincial
Date	of Incorporation/Registratio	n			

Name and Addresses of all Principals and Directors

(If more than 3, please attach list to back)

Name	Name	Name
Address	Address	Address

Type of Polyurethane Foam

- Torch Grade
- Self Adhered
- Liquid
- Sheet Metal

No. of years of experience No. of years of experience No. of years of experience No. of years of experience

Please list other business interests (Other Legal Companies or Trade Names)

List your Main Suppliers (Minimum 3. Include address and telephone number)

Name	Name	Name
Address	Address	Address
Phone	Phone	Phone

List the Subcontractors Used

1	
2	
3	

Financial Information

Name of Financial Institution (Primary)		
Branch Address		
Contact	Position	
Telephone	Fax	

Name of Financial Institution (Secondary)		
Branch Address		
Contact	Position	
Telephone	Fax	

Name of Accounting Firm		
Address		
Contact	Position	
Telephone	Fax	

SPECIAL NOTE: THE NORMAL PROCESSING TIME FOR THE LICENSED CONTRACTOR/MEMBER APPLICATION IS **4 WEEKS.** THIS IS THE MINIMUM AMOUNT OF TIME IT WILL TAKE TO RECEIVE YOUR LICENSED CONTRACTOR STATUS.

THIS FORM MUST BE COMPLETED FULLY OR THE APPLICATION WILL NOT BE PROCESSED Legal Information

Name of Legal Firm	
Address	
Contact	Position
Telephone	Fax

Insurance Information

Name of Insurance Company		
Address		
Contact	Position	
Telephone	Fax	

Amount of Comprehensive General Liability Insurance:

SPECIAL NOTE: N	INIMUM COVERAGE FOR GENERAL LIABILITY: \$ 2 000 000.00	
(CERTIFICATE MU	ST BE PROVIDED)	

Bonding Information												
Has your Company ever been bonded?		Yes		No								
Has the Company ever been refused bonding?		Yes		No								
Why was the Bonding obtained?												

SPECIAL NOTE: MUST BE BONDABLE UP TO A MINIMUM \$150 000 (LETTER FROM YOUR BONDING COMPANY MUST BE ATTACHED TO THIS APPLICATION)

Market Information					
What percentage of your jobs do you install Cladding T	⊺ie Systems?	?			
What percentage of jobs are you required to tie into					
% Roofs	_ % Wall Components				
% Foundations/	(services, windows, doors				
How many Air/Vapour Barrier jobs does your company	[,] do in a year?				
What is the value of your annual Air/Vapour Barrier wo	vrk?				
What are you areas served for Air/Vapour Barrier worl	k?				
Where do you install the Air/Vapour Barrier?	_ Roof	Walls Subgrade			
What is your approximate square footage of Air Barrier	r work annuall	y?			
What are the number of jobs completed last year by pr	oduct?				
Torch Grade Self Adhered	Liquid	_ Sheet Metal			
What percentage of your jobs are between?					
% under \$5 000		% \$20 000 to \$50 000			
% \$5 000 to \$20 000		% over \$50 000			
% \$25 000 to \$50 000		% \$ 250 000 and over			

Installer Information

Installer Name	Certification Number (If Applicable)

I hereby certify that to the best of my knowledge, the foregoing statements are true and correct, and they have been made to facilitate an agreement with NABA.

I hereby authorize NABA to contact and obtain credit and other information as necessary from the references listed on this application, as well as to conduct any other personal or company investigation necessary for the purpose of qualifying as a NABA licensed contractor.

I hereby agree to abide by the code of ethics.

Date

Signature

All information received on this form is held in strictest confidence. The purpose of this form is strictly to facilitate the process of becoming a licensed contractor under the NABA rules and regulations and to facilitate a way to track industry market information. The information is kept on file at the NABA office. Under no circumstances is any one to have access to any information on this form other than the NABA office.

Method of Payment: (Membership & Licensing Year July 1– June 30):

□ Membership Fee: \$500.00 + GST

□ Licensing Fee: \$350.00 + GST

- NOTE: In order to be a NABA Licensed Contractor, you must also be a NABA Contractor Member.
- Cheque, made out to NATIONAL AIR BARRIER ASSOCIATION (or NABA) is enclosed

Charge the Application Fee to my VISA or MASTERCARD credit card:

Amount Authorized:

Cardholder's Name

Authorized Signature

SPECIAL NOTE: THE FULL MEMBERSHIP FEE IS CHARGED AT ALL TIMES AND IS NOT PRORATED

Thank you for your application!

NABA GST No 8968089653 RT