



**NALFA CERTIFIED INSTALLER CLASS REGISTRATION FORM**

Date:

Name:

Adresse:

City:

Province:

P.C.

Phone: Home:

Business:

Cell:

Fax:

E-mail:

Self Employed: Yes  No  if no please indicate Company employed by:

Installation experience (years) :

Experience with Power Tools? Yes  No

Please list products you have experience installing:

Known Food allergy: Yes  No  if yes, please list:

Food restrictions due to Faith or other: Yes  No  if yes, please indicate:

Contact Information to be used in case of emergency:

Please list 3 business references - Company, contact name, and phone numbers:

# 1.

# 2.

# 3.

Additional comments if needed: