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### Installer General Application

Firm/Company Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Date Company Started: \_\_\_\_\_ Applicant Title (if any): \_\_\_\_\_

# of Employees covered by this Application: \_\_\_\_\_

Location Address: \_\_\_\_\_ Mailing Address (if different from location): \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Applicant Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

List three (3) local Health Departments with which you have worked:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List three (3) recent properties on which you have worked, along with the homeowner's name & phone number(s).

1. \_\_\_\_\_ # \_\_\_\_\_
2. \_\_\_\_\_ # \_\_\_\_\_
3. \_\_\_\_\_ # \_\_\_\_\_

- Along with this application, please fill out and attach an Installer Credit Application.
- Upon completion of accreditation, submit a copy of the NEHA Certificate for each applicant as may apply.

I authorize NJSMG to investigate and check my background and credit as may be necessary.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_