

APPLICATION FOR CONTRACTOR CERTIFICATION PROGRAM

Date Submitted: _____ Submitted by: _____

Company Contact Name: _____ Title: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Total No. of Employees: _____ No. of RCDD's on Staff: _____ No. of P.E.'s on staff: _____

Equivalent Experience: _____

Years in Business: _____ Years in Network Cabling Business: _____

Also Certified by : _____

Targeted Market:

Customers: _____

Geographic: _____

Projected SMP Purchases:

Year 1: \$ _____

Year 2: \$ _____

Year 3: \$ _____

Distributor's that you buy from: _____

TO BE COMPLETED BY MARKETING DEPARTMENT

Date Received: _____ Certified by: _____

Date Training Completed: _____

Certification Date: _____ Certification Number: _____

Kindly return this form via Fax: 828-298-2487 or E-mail: jmclure@superiormod.com