



# Company Qualification APPLICATION FORM Company Information

Name of Company: \_\_\_\_\_

Legal Name of Corporation (if different): \_\_\_\_\_

Name of Company Representative: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Postal/ZIP Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## Company Information

I have attached a COPY of our Company Liability Insurance Policy Yes  
(We only require the cover sheet to your policy – for assistance contact your insurance agent)

I have attached a COPY of our After Service Follow-up Report Yes

I have attached a COPY of our Federal ID #: Yes

Federal ID #: \_\_\_\_\_

## Company Disclaimer

As the Company Representative I accept responsibility to administer any necessary components of the Phil Ackland's Company Qualifications or Certification Process for this company. I agree that Phil Ackland's material is copyrighted to Phillip Ackland Training, and I will not copy or share, in any form, this material with others.

I agree the company will continue to support the tenants of the Phil Ackland Certification Pledge as stated below.

***The Pledge***

I will ensure my company communicates with customers, on a written After Service Report, (a copy of which is attached to this document) the following Principles:

- That the entire exhaust system was cleaned in accordance with Section *Cleaning of Exhaust Systems* (NFPA 11.6 2008 Ed.)
- Any areas of the exhaust system that cannot be cleaned, with the reasons why
- Any areas of the exhaust system that are inaccessible or unsafe work areas
- Visible, serious deficiencies in the exhaust system limited to my knowledge as exhaust cleaner (NFPA Cleaning Exhaust System section 11.6).

*The Pledge* is not a legal document, but a Statement of Principles to perform the cleaning in a responsible manner.

End of Pledge

I, the company rep, have read, understand, and agree to the procedures for Phil Ackland's Kitchen Exhaust Cleaner Certification Protocol or our certification is void.

As the company rep, I verify that the Crew Leader is aware of their responsibilities as a kitchen exhaust cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

**I understand that we must maintain all requirements of Phil Ackland Certification Protocol**

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This agreement and required documentation must be completed prior to submitting a Crew Leader Application.

If you have any questions, please contact our office (877-798-6722).

---

**For use by Phil Ackland Training only**

Company: \_\_\_\_\_ Date: \_\_\_\_\_

PAC Company Qualification Serial Number: \_\_\_\_\_



## CREW LEADER CERTIFICATION APPLICATION

COMPANY NAME: \_\_\_\_\_

COMPANY REP NAME: \_\_\_\_\_

CREW LEADER NAME: \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### *The Pledge*

I will communicate with my Company Representative on a written After Service Report the minimum following information:

- That the entire exhaust system was cleaned in accordance with Section *Cleaning of Exhaust Systems* (presently 11.6 of NFPA 96 2017 Ed.)
- Any areas of the exhaust system that cannot be cleaned, with the reasons why.
- Any areas of the exhaust system that are inaccessible or unsafe work areas
- Visible, serious deficiencies in the exhaust system limited to my knowledge as an exhaust cleaner (NFPA 96 *Cleaning Exhaust Systems* Section 11.6)

As a Kitchen Exhaust Cleaner, I understand my responsibilities to maintain the procedures of Phil Ackland's Certification Protocol.

DATE: \_\_\_\_\_ CREW LEADER SIGNATURE: \_\_\_\_\_

As the Company Representative I verify that the named Crew Leader is aware of their responsibilities as a kitchen exhaust cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

**COMPANY REPRESENTATIVE SIGNATURE:** \_\_\_\_\_

**PHIL ACKLAND QUALIFIED COMPANY #:**

*The Pledge* is not a legal document, but a Statement of Principles to perform the cleaning in a responsible manner.

**For use by Phillip Ackland Training only**



# Phil Ackland Crew Leader Certification Pledge

I understand that cleaning commercial kitchen exhaust systems is performed to reduce fires. Therefore, I will clean the entire exhaust system in accordance with the NFPA 96 Standard Section *Cleaning of Exhaust Systems*.

I \_\_\_\_\_ of \_\_\_\_\_ (company name) agree to report, in writing, to my company supervisor the following:

### *The Pledge*

I will communicate with my Company Representative on a written After Service Report the minimum following information:

- That the entire exhaust system was cleaned in accordance with Section *Cleaning of Exhaust Systems* (presently 11.6 of NFPA 96 2008 Ed.)
- Any areas of the exhaust system that cannot be cleaned, with the reasons why.
- Any areas of the exhaust system that are inaccessible or unsafe work areas
- Visible serious deficiencies in the exhaust system. This is limited to my knowledge as an exhaust cleaner (NFPA 96 *Cleaning Exhaust Systems* Section 11.6)

As a Kitchen Exhaust Cleaner, I understand my responsibilities to maintain the procedures of Phil Ackland's Certification Protocol.

Date: \_\_\_\_\_ Crew Leader Signature: \_\_\_\_\_

As the Company Representative I verify that the named Crew Leader is aware of their responsibilities as a kitchen exhaust cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

Company Rep signature: \_\_\_\_\_ PA/CQ #: \_\_\_\_\_

*The Pledge* is not a legal document, but a Statement of Principles to perform the cleaning in a responsible manner.



**Affidavit Certifying 500 Hours of on the Job Site Training  
Kitchen Exhaust Cleaning**

I, \_\_\_\_\_, hereby certify that I have completed  
(Applicants Name)

a minimum of 500 hours of on the job training equal or greater than the values outlined in Phil Ackland Training and Certification Protocol.

I have been working for \_\_\_\_\_  
(Name of Phil Ackland Qualified Company)

in which I was hired on \_\_\_\_\_.  
(Date Hired)

I further certify that the hours submitted herein and the total number of hours attested to are true and correct.

State of \_\_\_\_\_; County of \_\_\_\_\_

Sworn to and subscribed before me, the on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
undersigned Notary Public.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of PAQ Rep

\_\_\_\_\_  
Signature of PAQ Rep

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date Commission Expires

Seal:

**Phillip Ackland Training** – 2313 Cold Springs Road, Fort Worth, TX 76106  
Toll Free: 1-877-798-6722 Phone: 817-546-4780 Fax: 682-703-1009  
[info@philacklandtraining.com](mailto:info@philacklandtraining.com) - [www.philacklandtraining.com](http://www.philacklandtraining.com)