



# 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

## RE-CERTIFICATION APPLICATION

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

Crew Leader Name: \_\_\_\_\_

Phil Ackland Certification #: \_\_\_\_\_

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

Phil Ackland Qualified 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* (NFPA 96 *Cleaning Exhaust Systems* Section)
- 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) of these sorts of deficiencies.

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 cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

Company Representative Signature: \_\_\_\_\_

If there have been any changes to your Insurance or After Service Report, scan and email those documents with this one.