

CFI Training & Certification Application



PLEASE PRINT

Applicant Name: _____
(First) (Middle) (Last)

Name Used: _____ SR JR II III IV
(example: James – Jim, Anthony – Tony) (Circle if applicable)

City / Date of Event: _____ Years in carpet trade _____ CFI ID # if certified _____

Birth Date: ____ / ____ / ____ Please list language, other than English that you speak _____

Contact Info: This must be completed to receive your certification from CFI.

Company: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Work Phone: (_____) _____ Fax: (_____) _____

Cell Phone: (_____) _____ Email: _____

Website: _____

Check all that apply:

Independent Contractor Receiving Capabilities

Installation Skills: Carpet Finished Hardwood Ceramic Marble Resilient Laminate

Seam Welding Flash Coving Rubber Carpet Tile _____

I do not want to be listed in the online search or printed directory available to consumers.

PROOF of ACTIVE INSTALLATION

This form is to be completed by an appropriate industry representative to verify Installer's years in the installation trade. If necessary, fax **ASAP to CFI at (816) 231-4343**. The CFI certificate cannot be sent until this form is completed.

I, _____ verify that _____
(Name of person verifying installer experience) (Name of installer testing for CFI Certification)

has been active in the installation trade continuously for a period of _____ years. I can be contacted for information at:

Company Name _____

Address _____

City: _____ State/Province: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____