



ICFA Specialist Designation Registration Form - Commercial Contractor

Insulating Concrete Form (ICF) Commercial Contractor Criteria:

- Companies are given the “Commercial Contractor” designation, not individuals.
- Designation is an annual registration requiring yearly verification/re-verification of qualification criteria.
- Must be a member in good standing of the Insulating Concrete Form Association and follow ICFA’s Code of Ethics and Standards and Practices.
- Must be a licensed Contractor in the state(s) in which company does business. *
- Company must designate a key contact person responsible for verifying that all ICFA Specialist Designation requirements are met. **
- The individual responsible for ICF installation quality must have successfully completed an ICF installation training course given by an ICFA Primary member firm.
- ICF Installation must be performed by in-house crews or an ICFA Light Commercial or Commercial Installer Specialist.
- Must have completed a minimum of two (2) single story commercial projects with a combined total of ICF installed wall area of 25,000 square feet, or One (1) multi-story⁺ commercial project with a total installed wall area of 20,000 square feet.
- Must submit three (3) photographs (digital or print) per project including one of stacking, pouring and a finished project.
- Must include owner’s/client’s reference with each project submitted.
- Must attend three (3) ICFA approved education seminars in the past year. Approved seminars are listed for ICFA Fall Meetings, as well as other approved seminars.

All above criteria must be met to qualify for the ICF Specialist Designation Program.

* Many states require any individual that builds new homes or enters into a contract to build a home or who enter into contracts to sell new homes to consumers become licensed.

** Member firms participating in the ICF Specialist Program must notify the Insulating Concrete Form Association if the designated key contact person responsible for verifying that all ICF Specialist Designation requirements are met resigns or is released from the participating company. If the designated individual responsible for verifying that all ICF Specialist Designation requirements are met resigns or is released from the participating company, the company must verify its qualification criteria using a newly appointed designee.

⁺: Multi-story projects include any project three (3) stories or more.

1) Company Information:

Name: _____

Street Address: _____

City: _____

*Designation Contact: _____

Telephone: _____

Email: _____

Fax: _____

2) Installation Training

Submitting company must have successfully completed an ICFA Primary member's installation training course to participate in the ICFA Specialist Designation Program. Please complete the information below signifying your company's participation in such a course:

ICF Manufacturer's Training Course: _____

Name(s) of individual(s) participating: _____

Location of Course and Date of Completion: _____

3) Project Information

Submitting company must have completed a minimum of one of the following two types of projects to qualify for the specialist designation. Please check all that apply:

- Two (2) single story projects with a total installed wall area of 25,000 square feet, or
- One (1) multi-story project with a total installed wall area of 20,000 square feet.

4) References

Please provide ICFA with the following Project and Client References. Providing ICFA with the following information is a requirement of participation in the ICFA Specialist Designation Program. Only provide one project if you have completed a multi-story⁺ ICF project with a total installed wall area of 20,000 square feet or more.

ICF Project 1

Client –

Name: _____

Address: _____

Telephone: _____

Project –

Name of project: _____

Address: _____

Total Square Feet of ICFs Installed: _____

Number of stories (floors): _____

ICF project installed by:

- In-House crew
- ICF subcontractor

If installed by ICF subcontractor, please provide ICFA with name of ICF subcontractor:

Name of ICF subcontractor: _____

Address: _____

Telephone: _____

ICF Project 2

Client –

Name: _____

Address: _____

Telephone: _____

Project –

Name: _____

Address: _____

Total Square Feet of ICFs Installed: _____

Number of stories (floors): _____

ICF project installed by:

- In-House crew
- ICF subcontractor

If installed by ICF subcontractor, please provide ICFA with name of ICF subcontractor:

Name of ICF subcontractor: _____

Address: _____

Telephone: _____

5) Photographs

To qualify for the ICFA Specialist Designation Program, submitting company must submit three (3) photographs (digital or print) per project including one of stacking, pouring and a finished project.

- I have included three (3) photographs (digital or printed) per project including one of stacking, pouring and a finished project.

6) Education

The individual responsible for ICF construction quality must attend a minimum of three (3) ICFA approved education seminars in the past year. Approved seminars include education seminars during ICFA's Annual Meetings, as well as National Association of Home Builders "ICFs for Builders Course and the Home Building Institutes' "Insulating Concrete Form" courses. Please check all that apply:

- I attended at least three ICFA's Annual Meeting Seminars (2006 ICFA Spring or Fall Meeting)
- I have attended the National Association of Home Builders "ICF form Builders" course.
- I have attended the Home Building Institute's "Insulating Concrete Form" course.

- I have successfully completed the United Brotherhood of Carpenters ICF training course.

I hereby certify that the information I am providing is correct to the best of knowledge.

Name: _____

Signed: _____

Date: _____

Price of participation is \$100 per year, per specialist category. The ICFA Specialist Designation is for a one-year period from the time of approval and must be renewed each year.

Payment accepted: VISA/MC/AMEX, check or Money Order in \$US

<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
Name on Card:	_____	Total Amount: \$	_____
Credit Card Number:	_____		
Expiration Date:	_____	Signature:	_____

Once completed, please mail the form to:

ICFA
1730 Dewes Street
Suite 2
Glenview, IL 60025

If there are any questions, please contact ICFA at (888) 864-4232.

Disclaimer: The ICFA Insulating Concrete Form Specialist program is an information-based program established to assist individuals, contractors, design professionals and the general public to learn more about the credentials and experience of its contractor members and is not intended to replace any product-specific company training program. The ICF Specialist program does not indicate the suitability of a company's installation quality assurance program to construct ICF walls, floors or decks.