



ACCREDITATION APPLICATION

CONTACT INFORMATION

COMPANY NAME _____ MEMBERSHIP ID _____

APPLICANT NAME _____ TITLE OR JOB POSITION _____

COMPANY STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX NUMBER _____

EMAIL ADDRESS _____ WEBSITE _____

GENERAL

What services does your company offer? (Check all that apply)

RESIDENTIAL COMMERCIAL DECORATIVE WALLCOVERING INTERIOR EXTERIOR

OTHER _____

Does your company derive 75% of its total sales from Painting and Decorating activities? YES NO

Has your company been in full-time continuous operation for at least three (3) years?
This is required for Accreditation. (Two years in the construction field may be substituted for one (1) year as a painting and decorating contractor, up to a maximum of two (2) years.) YES NO

AFFILIATIONS & CREDENTIALS

CERTIFICATION OR ACCREDITATION PROGRAM _____ ORGANIZATION _____ DATE OF RECEIPT _____

CERTIFICATION OR ACCREDITATION PROGRAM _____ ORGANIZATION _____ DATE OF RECEIPT _____

ASSOCIATION OR SOCIETY NAME _____ MEMBER SINCE _____

ASSOCIATION OR SOCIETY NAME _____ MEMBER SINCE _____

ASSOCIATION OR SOCIETY NAME _____ MEMBER SINCE _____

SIGNATURE (REQUIRED)

By signing this document I agree to the following:

- All information submitted with this application is true and correct to the best of my knowledge.
- Any misrepresentations herein may result in suspension or revocation of my Accreditation.
- I authorize payment of the \$199 application fee as detailed below for the review of my business documentation.



SIGNATURE _____ DATE _____

PRINT NAME _____

Mail to: PDCA National
 Attn: Contractor College
 1801 Park 270 Drive, Suite 220
 St. Louis, MO 63146

Or Fax to: (314) 514-9417

PAYMENT

VISA MasterCard American Express Check enclosed (made payable to PDCA)

CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER NAME _____ SIGNATURE _____

BILLING ADDRESS (IF DIFFERENT THAN COMPANY ADDRESS GIVEN ABOVE) _____

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