



**APPLICATION FOR:
CALCTP-AT EMPLOYER CERTIFICATION**

Employer Information: Please fill in all information. Your application will not be considered unless all requested information is completed, signed, and dated. An email address is required in order to send admission information and up-to-date program information.

- Has the employer applicants or any of the owners, officers, or partners of the employer applicant had a contractor’s license or business license suspended or revoked any time in the last five years? _____ yes _____ no
- Has the employer applicant or any of its owners, officer or partners ever been found liable in a civil suit or found guilty in a criminal action for fraud, theft, or any other acts of dishonesty?¹
_____yes _____ no

Company Legal Name (as it appears on a business license):
DBA Names (Please attach copy of the Fictitious Name Statement Filed when apply for Doing Business As (DBA) status):
Employer Type (Corporation, Partnership, Joint Venture, Sole Proprietorship)
Date of incorporation (corporations), formation (partnerships) or commencement of business (sole proprietorships or joint ventures): _____
If corporation or partnership, list state under which laws of corporation or partnership is registered and provide registration number: _____
Federal Employer Identification Number:
If employer applicant is a contractor, provide Contractors State License Number, license class and expiration date:

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- ¹ If yes to either of these questions you are not eligible to become a CALCTP Employer without filing an appeal and appeal fee for evaluation of the applicability of the suspension or revocation to the employer applicant’s ability to fulfill its duties as a CALCTP-AT Employer

Company Mailing Address: Street Address or P.O. Box:			
Company Website:			
Contractor Main Contact Name:			
Technical Point of Contact Name:			
Contractual Point of Contact Name:			
List officer (if corporation) and all owners or partners who own at least ten percent of the equity:			
Names and Emails of Individuals Requesting CALCTP-AT Contractor Course:			
City:	State:	Zip Code:	Country:
Phone Number: ()		E-Mail Address of Contact (required):	
Fax Number: ()			
Additional Office Location(s) that will employ CALCTP-AT Technicians—Address City, State, and Zip:			

Provide applicable business license(s) or business tax certificate(s) numbers for all offices that are registering to employ acceptance test technicians.

Office: _____ License/Certificate Number: _____

CALCTP-AT Employers must have a comprehensive general liability insurance policy with a policy limit of at least \$1,000,000. Please provide insurance company and policy number

FEES (Check one)	
<input type="checkbox"/> \$500 Initial Application for One Office Contractors	<input type="checkbox"/> \$750 Initial Application for Multi-Office Contractors
<p>You can Also Submit Fees Online at: www.calctp.org or Pay by Check made out to ICFI and mailed to the address below.</p> <p>The CALCTP-AT Course is offered by independent training centers that may charge a training fee in addition to the application and records maintenance fee. It is the Candidates responsibility to check with the training site prior to the first day of the course regarding a training fee. If there is a training fee associated with the course at the desired training site, the Candidate will pay the training site directly.</p>	

I, the undersigned as the legal representative for company aforementioned , understand that I will only use CALCTP-AT Certified Technicians to conduct acceptance tests. I also understand that I will not be a CALCTP-AT Licensed Contractor without agreeing to the quality assurance program administered by a third party and signing an agreement with this third party.

By earning a CALCTP-AT Contractor credential, I consent to give CALCTP permission to respond to consumer public queries about my certification status and make available, via a search tool on www.calctp.org, certain information including: Company Legal Name, City/State, contact information, and Expiration Dates. I understand that CALCTP may, at its discretion, post or remove the consumer public information on www.calctp.org. Failure on my part to pay quality assurance or other maintenance fees may lead to my company becoming uncertified as a CALCTP-AT Contractor.

I understand that it is my responsibility to notify CALCTP of all changes to company information such as but not limited too: state licensing and bonding changes, address, and contact information. I also understand it is my responsibility to verify the changes have been updated after notice. I understand that CALCTP reserves the right to suspend certification credential when the holder does not notify CALCTP of said changes. I certify to the best of my knowledge that all information in this application and the accompanying documentation is true and correct.

Signature _____ Date _____

Of Behalf of: _____

Print Name _____

Submit Application to: Info@calctp.org or fax to: CALCTP-AT at (213) 312-1799

ICF International
 C/O: CALCTP
 601 W. 5th Street, Suite 900
 Los Angeles, CA 90071

CALCTP-AT Employers must have workers compensation insurance. Provide a copy with application.

CALCTP-AT Employers must have an Injury and Illness Prevention Program which meets the minimum requirements of 8 CCR § 1509 & § 3203. Provide a copy with application.

CALCTP-AT Employers must have a written Code of Safe Practices in compliance with 8 CCR § 1509. Provide a copy with application.

IMPORTANT: Approval of this application and the subsequent Admissions Slip provided by ICF International only guarantees training eligibility, not a spot in a training class. You must contact the training site directly to register for training.

Preferred Training Location: _____