

Application For Contractor Certification Program

[Please Print or Type]

Date Submitted: _____ Submitted By: _____

Company Name: _____

Name: _____ Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

Total No. of Employees: _____ No. of RCDD's on Staff: _____ No. of P.E.'s on Staff: _____

Equivalent Experience: _____

Years in Business: _____ Years in Network Cabling Business: _____

Also Certified By: _____

Targeted Market: Customers: _____

Geographic: _____

Projected SMP Purchases: Year 1: \$ _____

Year 2: \$ _____

Year 3: \$ _____

Distributors that you purchase from: _____

TO BE COMPLETED BY SMP MARKETING DEPARTMENT

Date Received: _____ Certified By: _____

Date Training Completed: _____

Certification Date: _____ Certification Number: _____

Please return this form via fax to 828.298.2487 or email to hjohnson@superiormod.com.