
1 PROJECT CONTACT INFORMATION:

.01 Applicable Provincial Floor Covering Association: _____

.02 Project Information:

Project Name: _____

Project Address: _____

.03 Flooring Supplier: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

.04 Flooring Contractor: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

.05 General Contractor: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

.06 Specifying Authority: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

.07 Owner: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

.08 Bonding Company: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____ Email: _____

See reverse

2 PROJECT INFORMATION:

- .01 Approximate start date (D/M/Yr): _____
- .02 Contract Price: \$ _____ New: ___ Renovation: ___ (check)
- .03 Special Comments: _____

The undersigned flooring contractor or firm requests an NFCA Quality Assurance Program Review of the above noted project and agrees to pay the accredited quality assurance (AQA) provider a fee based on a percentage of the flooring work contract price above for the QA Program services rendered by the Inspection Agency assigned. Further the contract price will be adjusted to reflect the total contract price of flooring work at the date of Substantial Performance of the Work as well travel costs and all applicable taxes.

Authorized signature of Flooring Contractor: _____

Date (D/M/Yr): _____

Provided by Accredited Quality Assurance Provider: RFR No.: _____

Initial Association Fee: (based on _____ % of Contract Price): \$ _____

Final Fee: (based on flooring contract amount at Substantial Performance \$ _____

Travel Costs: \$ _____

Inspection Agency Assigned: _____

Inspector Assigned: _____

Date (D/M/Yr) Assigned: _____

Review Reports:

- 1 Pre-Installation Report Date: _____
- 2 Installation Start Up Report Date: _____
- 3 Interim Report Date: _____
- 4 Final Report Date: _____

Special Comments: _____

