

**Submit this form before ordering flooring materials:**

**1 PROJECT CONTACT INFORMATION:**

.01 **Project Name:** \_\_\_\_\_

**Project Address:** \_\_\_\_\_

.02 **Flooring Manufacturer:** \_\_\_\_\_

Contact: \_\_\_\_\_ Cel: \_\_\_\_\_

Email: \_\_\_\_\_ For multiple manufacturers attach a list.

.03 **Flooring Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Office: \_\_\_\_\_

Cel: \_\_\_\_\_ Email: \_\_\_\_\_

.04 **General Contractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Cel: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Contact 2: \_\_\_\_\_ Cel: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

.05 **Specifying Authority/Consultant:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Cel: \_\_\_\_\_

Contact: \_\_\_\_\_ Email: \_\_\_\_\_

.06 **Building Owner (Health Authority):** \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Cel: \_\_\_\_\_

Email: \_\_\_\_\_

.07 **Flooring Contractors Bonding Company:** \_\_\_\_\_

Contact: \_\_\_\_\_ Cel: \_\_\_\_\_

Email: \_\_\_\_\_

**2 PROJECT INFORMATION:**

Approximate start date (Day / Month / Year): \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ New: \_\_\_ Renovation: \_\_\_ (check)

Number of square feet total: \_\_\_\_\_

Special Comments: \_\_\_\_\_

The undersigned requests an NFCA Quality Assurance Program Review of the above noted project and agrees to pay the accredited quality assurance provider a fee based on a percentage of the flooring work contract price for 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 as travel costs and all applicable taxes.

Authorized signature: \_\_\_\_\_ Print \_\_\_\_\_ Date (D/M/Yr): \_\_\_\_\_

**Completed by the Accredited Quality Assurance Provider.**

QAP reference #: \_\_\_\_\_ Initial QAP fee (\$) \$: \_\_\_\_\_

QAP Inspection Agency (company) Assigned: \_\_\_\_\_

QAP Inspectors name: \_\_\_\_\_ Cel: \_\_\_\_\_ Email: \_\_\_\_\_

Date (D/M/Yr) Assigned: \_\_\_\_\_

**QUALITY ASSURANCE PROGRAM REVIEW REPORTS**

**1 Pre-Installation Report** Date: \_\_\_\_\_

**2 Installation start up Report** Date: \_\_\_\_\_

**3 Interim Report** Date: \_\_\_\_\_

**4 Final Report** Date: \_\_\_\_\_

Final QAP fee (\$): \_\_\_\_\_

Special comments: \_\_\_\_\_