



Purpose

The purpose of the QCA (Qualified Contractor/Applicator) program is to develop and qualify a higher quality application force for referring to property owners, general contractors and architects.

Procedure

1. Applicator qualifies by filling out QCA form asserting their credentials
2. A data bank is housed at Westcoat corporate offices
3. As clients call, QCAs are matched with clients
4. QCA is notified via email of client's request
5. Client is given QCAs contact information (and vice versa)
6. Client and QCA connect to determine needs and project clarification
7. Westcoat remains in background as communication support and follow-up as needed
8. Program Renewal:
 - Initial Acceptance: Valid for two years
 - First Renewal: Valid for three years
 - Second Renewal: Valid for five years

Criteria

Contractors shall demonstrate the following criteria to be considered a candidate for the Westcoat QCA Program:

Mandatory Criteria:

- Minimum of 2 years in business
- Possess an active state contractors license (where applicable)
- Maintain workers compensation and liability insurance
- Minimum of two years experience with Westcoat system(s) applied and/or direct competing system
- Minimum of 10 jobs completed with this system(s)
- Provide three references for each category you wish to qualify

Secondary Criteria

- Attend training demos for each category you wish to qualify
- Solid reference with distributor(s)
- Uses and promotes primarily Westcoat
- Has a place of business



Benefits for Applicators

- Saves time as we help qualify customers
- Get job leads in your area
- Marketing support
- Technical support and training
- Eligibility for bi-annual rebates

Benefits for Consumers

- Referral to reputable applicators
- Saves time
- Peace of mind
- Higher assurance of quality

DISCLAIMER

The Westcoat QCA Program relies on data provided by contractors and their references to determine which contractors to include in our program. In using this program, Westcoat is not acting as the agent on behalf of the contractor. Westcoat maintains no control over the actions of the contractor. It is always the responsibility of the consumer to research and confirm experience of contractor before selecting a contractor.



QCA Qualification Form
All Fields Required
(Information to be shared with prospective client)

Name of Business _____

Business Location _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-mail _____

***Mandatory Criteria - Must Complete in Full** Website _____

Have you been in business at least 2 years? _____ Since: _____

Do you have Liability Insurance? _____ Company & Policy # _____

Do you have Work Comp Insurance? _____ Company & Policy # _____

Do you have an Active State Contractors License? _____ License # _____

Please check which categories you would like to be qualified to install.



Do you have two years experience with this Westcoat System(s) and/ or direct competing system(s)? _____

Have you completed 10 jobs in each of the system(s)? _____

Please provide three references on the following page for each system that you wish to qualify for.

Supplemental Information

What cities/counties/states do you serve? _____

What type of construction do you have the most experience in? (Please select one)

- New Construction Reconstruction/Rehabilitation

Which kinds of properties do you have the most experience in? (Please select one)

- Single Family Homes Multi Family Homes Commercial/Industrial Buildings

Have you attended Westcoat Training Demonstrations? Yes No

List Demos Attended: _____

Which distributor(s) do you purchase from? _____

Print Name _____ Title _____ Date _____

Signature _____

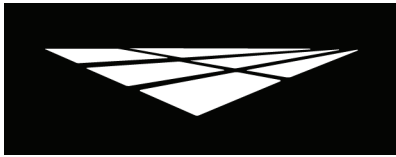
Send completed form to:
 Email: QCA@westcoat.com
 Fax: 619.255.7187
 Mailing Address: 4007 Lockridge St,
 San Diego CA 92102

Questions? Call us at 800-250-4519

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For Office Use Only		
Date received: Processed by:	Website Status: FM Status: State Lic. Status:	Rep Approval: MGR Approval:



QCA REFERENCE FORM

In order to be referred leads, all QCA applicants must submit 3 verifiable job references, have a minimum of 2 years experience, and 10 jobs completed within each Westcoat Category that they wish to receive leads for. Please use the form below to indicate which systems you've installed, along with the number of years you have been installing these systems. Then provide 3 verifiable job references for each system you have selected, if necessary you can submit more than one reference form.

_____ Years Experience _____

Job Name: _____ Job Name: _____ Job Name: _____

Job Address: _____ Job Address: _____ Job Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Person: _____ Contact Person: _____

Contact Phone: _____ Contact Phone: _____ Contact Phone: _____

System Installed: _____ Date: _____ System Installed: _____ Date: _____ System Installed: _____ Date: _____

System _____ Years Experience _____

Job Name: _____ Job Name: _____ Job Name: _____

Job Address: _____ Job Address: _____ Job Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Person: _____ Contact Person: _____

Contact Phone: _____ Contact Phone: _____ Contact Phone: _____

System Installed: _____ Date: _____ System Installed: _____ Date: _____ System Installed: _____ Date: _____

System _____ Years Experience _____

Job Name: _____ Job Name: _____ Job Name: _____

Job Address: _____ Job Address: _____ Job Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Person: _____ Contact Person: _____

Contact Phone: _____ Contact Phone: _____ Contact Phone: _____

System Installed: _____ Date: _____ System Installed: _____ Date: _____ System Installed: _____ Date: _____

System _____ Years Experience _____

Job Name: _____ Job Name: _____ Job Name: _____

Job Address: _____ Job Address: _____ Job Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Contact Person: _____ Contact Person: _____

Contact Phone: _____ Contact Phone: _____ Contact Phone: _____

System Installed: _____ Date: _____ System Installed: _____ Date: _____ System Installed: _____ Date: _____