



Voluntary Professional Certification

C

P

R

C

**Certified Professional
Roofing Contractor**

C

P

S

C

**Certified Professional
Sheet Metal Contractor**

C

P

A

C

**Certified Professional
Air Conditioning
Contractor**

The purpose of the program is to increase the public's recognition of professionalism and provide a means of self-regulation for roofing, sheet metal and air conditioning contractors who, by fulfilling prescribed standards of performance and conduct, have demonstrated a high level of professional competency. Successful applicants receive the title of **Certified Professional Roofing Contractor (CPRC)**, **Certified Professional Sheet Metal Contractor (CPSC)**, or **Certified Professional Air Conditioning Contractor (CPAC)**.

For more than 87 years the Florida Roofing, Sheet Metal and Air Conditioning Contractors Association-FRSA, has remained steadfast in its efforts to upgrade the industries represented by the association. Through educational workshops and seminars, liaison with other groups and government, and an attitude of involvement that has always been an integral part of FRSA, the association continues to strive for stability and professionalism within the industry. The **FRSA Voluntary Professional Certification Program** is an outgrowth of that spirit of cooperation and involvement. It is a program of continued significance throughout the construction industry.

Applicants for FRSA Voluntary Professional Certification must have been active in the appropriate field of construction for five consecutive years prior to applying. They must demonstrate their proficiency in their trade by furnishing references from architects, general contractors, owners, and state certified contractors in their field. They must meet other qualifications in the areas of experience, financial responsibility, continuing education, and industry service.

As a Certified Professional Contractor, the title and symbol may be used on letterhead, business cards, and other printed material, provided the designation is used with the individual's name. Certification is for individuals only. The titles CPAC, CPRC, and CPSC may not be used to imply certification of the company or firm that the individual represents.

As a service to its Certified contractors and others in the industry who may benefit from their assistance, the FRSA maintains information on each of its Certified Contractors at FRSA Headquarters. For questions or more information, contact FRSA at 800-767-3772 ext. 186 and speak with Vilma Ortiz.



APPLICATION FOR FRSA VOLUNTARY PROFESSIONAL CERTIFICATION

(Please print or type the following information)

Name: _____

Name of Company: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Position with Company: _____

I am applying for:

_____ Certified Professional Roofing Contractor (CPRC)

_____ Certified Professional Sheet Metal Contractor (CPSC)

_____ Certified Professional Air Conditioning Contractor (CPAC)

To qualify for FRSA Voluntary Professional Certification the following requirements must be met:

1. Applicant must complete the Florida Construction Industry Licensing Board Certification Examination in the appropriate area of specialization with a score of 85% or above. A copy of your state test scores must accompany this application.
2. An applicant must have been active in the contracting business for a minimum of five (5) consecutive years immediately prior to attempting to qualify for FRSA Certification.
3. An applicant must submit four (4) references relative to his/her conduct in business, at least one of which must be a Florida CILB certified contractor.
4. Applicant must submit credit references establishing financial responsibility in the field.
5. Applicant must obtain a minimum of 15 biographical credits.
6. Applicant must submit a \$150 certification fee (checks payable to FRSA) with the application.

*Application for FRSA Voluntary
Professional Certification
Page 2*

Credit References:

1. Bank: _____

Address: _____

Phone: (____) _____ Contact Person: _____

2. Commercial Credit Reference: _____

Address: _____

Phone: (____) _____ Contact Person: _____

3. Other Credit Reference: _____

Address: _____

Phone: (____) _____ Contact Person: _____

I certify that the above information is true and correct to the best of my knowledge and that any false statement or misrepresentation I may make during the course of these proceedings may result in the revocation of this application.

Signature

Date

Biographical Information

1. Years of experience in contracting business: _____

Name of original company: _____

(2 credits per 5 years of experience, maximum 6)

2. Membership in industry associations:

Local: _____

National: _____

(2 credits per category)

3. Service to industry associations (Officer, Director, Committee person, etc.):

Local: _____ Office held: _____ Dates: _____

State: _____ Office held: _____ Dates: _____

National: _____ Office held: _____ Dates: _____

(1 credit per year, per office, maximum 5)

4. Technical contributions (seminars taught, programs or papers presented):

Nature of program: _____

Date & location: _____

(1 credit per presentation, maximum 2)

5. Seminars attended:

Subject: _____ Date & location: _____

_____ Date & location: _____

_____ Date & location: _____

_____ Date & location: _____

(1 credit per seminar, if Continuing Education Units (CEU) granted, multiply by number of CEU's, maximum 10)

*Application for FRSA Voluntary
Professional Certification
Page 4*

6. Formal Education:

College attended: _____ Degree earned: _____ Date: _____

Additional credit courses: _____

Date & location: _____

(4 credits for college degree, additional credit courses 2 credit maximum)

7. Industry Association Convention Attendance:

State: _____ Date & location: _____

National: _____ Date & location: _____

(1 credit per convention, maximum 2)

8. Local Government Service (Licensing Boards, Construction Councils, etc.)

Organization: _____ Location: _____

(1 credit per position)

9. Community Service (Chamber of Commerce, Better Business Bureau, Little League, etc.)

Organization: _____ Location: _____

(1 credit per position, maximum 1)

I certify that the above information is true and correct to the best of my knowledge and that any false statement or misrepresentation I have made may result in the revocation of the application.

Name

Date



APPLICATION FOR FRSA CERTIFICATION

REFERENCES

Please have an owner, architect or general contractor for whom you have contracts for construction, fill out the following:
(A total of four references must be submitted with your application for certification. At least one of which must be a Florida CILB certified contractor)

APPLICANT'S NAME: _____

COMPANY NAME: _____

I certify that I have know the above named applicant for _____ years and find him/her to be competent in the field in which the application is being made.

Date _____

Name & Position

Company Name

Company Address

City, State, Zip

State Certification No.

Phone