



# Application to Serve as a FRSA Mentor

**Please print or type:**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Number of years in business: \_\_\_\_\_ Number of years of roofing experience: \_\_\_\_\_

**I prefer Mentees to contact me via** (check all that apply):  phone  email

(This information will be disclosed on the FRSA website to potential Mentees)

**Required:** I have liability insurance.

Name of insurance company: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_

Policy number(s): \_\_\_\_\_ Policy expiration: \_\_\_\_\_

I have workers' compensation insurance.

Name of insurance company: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Insurance company phone number: \_\_\_\_\_

Policy number(s): \_\_\_\_\_ Policy expiration: \_\_\_\_\_

**Please check all areas in which you would like to serve as a Mentor:**

Built-Up  Metal  Modified  Shingle  Single Ply  Slate  Tile

Woodshake  Sheet Metal  Business Management

Other (please list) \_\_\_\_\_

**Return completed application to: FRSA, Attn: Gail Beitelman, PO Box 4850, Winter Park, FL 32793 or by fax to 407-679-0010 or by email to gail@floridarroof.com.**