



# APPLICATOR APPLICATION FORM

**BUSINESS NAME:**

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TYPE OF BUSINESS:     Sole Proprietorship     Partnership     Corporation**BUSINESS ADDRESS:**

Street: \_\_\_\_\_

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

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

Year Business Established: \_\_\_\_\_ Yearly Sales Volume:\$ \_\_\_\_\_

**EXECUTIVE OFFICERS:**

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

Brief Resume of Experience:

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

Brief Resume of Experience:

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

Brief Resume of Experience:

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**NUMBER OF EMPLOYEES:**

Office: \_\_\_\_\_ Sales: \_\_\_\_\_ Laborers: \_\_\_\_\_ Supervisors: \_\_\_\_\_ Total: \_\_\_\_\_

General vicinity where majority of work performed: \_\_\_\_\_

Division of Projects:    Waterproofing: \_\_\_\_\_ %    Roofing: \_\_\_\_\_ %    Other: \_\_\_\_\_ %

Explain Other: \_\_\_\_\_

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**PLEASE LIST THREE MAJOR JOBS:**

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Manufacturer and application or system type: \_\_\_\_\_

Date of installation: \_\_\_\_\_

Kemper System America, Inc.  
Headquarters: 1200 North America Dr. West Seneca, NY 14224 (716)-558-2971 Fax (716) 716-558-2967

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Manufacturer and application or system type: \_\_\_\_\_

Date of installation: \_\_\_\_\_

Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Manufacturer and application or system type: \_\_\_\_\_

Date of installation: \_\_\_\_\_

**EXPERIENCE WITH COLD LIQUID APPLIED FULLY REINFORCED RESIN WATERPROOFING AND ROOFING MEMBRANES**

None     Minor     Regular     Extensive

TYPES USED     Polyurethane     PMMA     Other \_\_\_\_\_

**CERTIFICATION/APPROVAL FROM OTHER MANUFACTURER**                       YES                       NO

If yes, please list: \_\_\_\_\_

**CREDIT REFERENCES** – Three major suppliers – (Company Name, Address, Phone and Fax including area code)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BONDING COMPANY**

Name: \_\_\_\_\_ Capacity \$: \_\_\_\_\_

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

**INSURANCE CARRIER (LIABILITY)**

Name: \_\_\_\_\_ Capacity \$: \_\_\_\_\_

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

**ANY OTHER PERTINENT INFORMATION:** (Please include purchasing and EH&S Contacts/e-mails)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (must be an officer of the company) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE: KEMPER SYSTEM is electronic and no paper copies will be provided unless requested**

<b>(KEMPER SYSTEM USE ONLY)</b>		
<b>KEMPER SYSTEM REPRESENTATIVE APPROVAL</b>		
<b>DIRECT</b>	<b>DISTRIBUTION</b>	<b>1<sup>ST</sup> YEAR ESTIMATED SALES</b>
<b>KEMPER SYSTEM APPROVAL</b>		
<b>KEMPER SYSTEM APPROVED CONTRACTOR #</b>		