

# NTMA Accredited Education Program Application Form

(Please type or print in English)

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

Address: \_\_\_\_\_  
Physical address ONLY – No PO Box or Mail Box Station

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

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

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

## **About the Company**

Date on which the applicant company was incorporated (or, if not incorporated, date the company was established). \_\_\_\_\_

State in which the company was incorporated (or, if not incorporated, state in which the company was established). \_\_\_\_\_

States (all) in which the company presently has offices/facilities. \_\_\_\_\_

## **Qualifying Agent**

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

Title: \_\_\_\_\_ Years Employed \_\_\_\_\_ Years in Terrazzo Industry: \_\_\_\_\_

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

## **Provide documentation verifying:**

- Federal EIN
- State ID number
- A copy of the company's state contractor license in all states applicant conducts business (if required by state).
- Copies of the first page of Federal tax return for the previous five (5) years (with financial information concealed).
- Copy of standard warranty form.
- Copy of insurance audit.
- Copies of current certificates of insurance (or letter from agent or broker) for the following:
  - General Liability Insurance
  - Vehicle/Equipment Insurance
  - Workers Compensation Insurance
  - Umbrella Policy Insurance

## **Provide signed statements on company letterhead. (Signed by Owner or CEO)**

- Attesting that the company pays payroll taxes for all office and field employees.
- Attesting that the company currently does and will continue to conform to the current version of the NTMA Terrazzo Specifications.
- Attesting that the company does not engage contract labor for the installation of terrazzo.

**Describe and provide contact information for eight projects (any combination of public or private) completed by the company within the previous three (3) years. (Use forms provided)**

**Answer all of the following questions:**

1.) Does the company currently enforce a Safety Policy?

Yes ( ) No ( )

2.) Does the company currently enforce HAZMAT/MSDS Policy / OSHA 300 Log?

Yes ( ) No ( )

3.) Does the company currently enforce a fork lift training program and policy?

Yes ( ) No ( )

4.) Has the company had an OSHA Inspection within the last twelve (12) months?

Yes ( ) No ( )

5.) Has the company been sited for any OSHA violation in the past twelve (12) months?

Yes ( ) No ( )

6.) Has the company had an insurance audit within the past twelve (12) months?

Yes ( ) No ( )

7.) Does the company currently enforce a project quality control inspection plan?

Yes ( ) No ( )

8.) Does the company have a craftsmanship training program?

Yes ( ) No ( )

9.) Does the company currently have a policy requiring the use of ventilation and personal protection equipment while dry grinding?

Yes ( ) No ( )

10.) Does your company have an employee handbook?

Yes ( ) No ( )

11.) Does the company have a new employee orientation program?

Yes ( ) No ( )

12.) Does the company have an employee complaint resolution process?

Yes ( ) No ( )

13.) Does the company currently have and enforce a drug testing policy?

Yes ( ) No ( )

14.) Does the company have a customer complaint resolution process?

Yes ( ) No ( )

15.) Does the company provide clients with written warranties (if applicable)?

Yes ( ) No ( )

16.) Does the company provide information on product maintenance?

Yes ( ) No ( )

17.) Does the company implement archival standards for record storage for state and federal business, financial and legal documents?

Yes ( ) No ( )

18.) Has the company ever had any complaints filed against it with the NTMA?

Yes ( ) No ( )

19.) Has the company filed for bankruptcy in the past five (5) years?

Yes ( ) No ( )

20.) Has the company had to surrender a commercial job for bond within the previous five (5) years?

Yes ( ) No ( )

21.) Has the company lost a commercial law suit/litigation for nonperformance in the previous five (5) years?

Yes ( ) No ( )

22.) Has a Federal tax lien been filed against your company in the last five (5) years?

Yes ( ) No ( )

*Check all that applies of the following:*

**Project Systems:** Which of the following are used regularly in the company?

- Project name and numbering system
- Correspondence filing system
- Change order tracking system
- Project close out system

**Project Installations:** Types of terrazzo systems the company has installed:

- Sand Cushion
- Bonded
- Epoxy
- Polyacrylate
- Monolithic
- Base
- Tread/Riser

What is the total square footage of terrazzo installed during your last fiscal year? \_\_\_\_\_

What is the total square footage of the company's warehouse/storage facilities? \_\_\_\_\_

What is the total square footage of the company's office facilities? \_\_\_\_\_

List the professional organizations in which the company holds membership.  
(Trade associations, chambers of commerce, etc.)

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**Provide the following:**

- Two (2) original letters of personal references for the company's qualifying agent from a source other than your company.
- A letter of surety from a bonding company confirming a minimum \$1 million bonding capacity **-or-** attest, *on company letterhead*, that the company does not bid projects that require a bond.
- Two (2) original letters from professional design or architectural firms attesting to the competency and performance of the company.
- Two (2) original letters of reference from owners attesting to competency and performance of the company from project owners.
- Letters of credit status from two (2) industry material suppliers.
- Resume of company designated qualifying agent.
- Resume of at least one employee serving as project manager.
- Resume of at least one employee serving as terrazzo field supervisor.
- The company's current promotional materials (brochures, company website address, yellow pages advertisement) or other materials describing the services offered by the company.

**NTMA Accreditation Code of Conduct**

I/We have read the *NTMA Accreditation Code of Conduct* and hereby state that I/we do now, and will continue to, conform to the code of conduct.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Qualifying Agent

\_\_\_\_\_  
Date

**Accreditation Compliance Agreement**

I/We attest that the company currently complies with and will continue to comply with requirements for accreditation in the *NTMA Accreditation Program*. We further agree that we will submit annual accreditation reports and associated fees, and that if there are substantive changes to the company profile, including but not limited to; name change, transfer of ownership, bankruptcy, qualifying agent departure, or situations that bring the company into nonconformance of one or more of the program requirements, we will notify the *NTMA Accreditation Program* director in writing within 30 days of the change.

I/We further attest that all information in this application is true and correct. I/We also understand that a false statement or misrepresentation will make me/my company ineligible for the *NTMA Accreditation Program*.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Qualifying Agent

\_\_\_\_\_  
Date

**Project Reference – Complete All Information  
Public Sector**

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

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

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

Approximate Sq Footage \_\_\_\_\_ Type of Terrazzo \_\_\_\_\_

Base Yes ( ) No ( ) Tread/Risers Yes ( ) No ( )

Architecture Firm: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Project Reference – **Complete All Information**

**Private Sector**

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

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

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

Approximate Sq Footage \_\_\_\_\_ Type of Terrazzo \_\_\_\_\_

Base Yes ( ) No ( ) Tread/Risers Yes ( ) No ( )

Architecture Firm: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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**Private Sector**

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