

**Company Information**

 Company Name (Must match name listed on the State of CA Contractor's State License Board Website – [www.cslb.ca.gov](http://www.cslb.ca.gov))

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Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Company Officers	Phone	E-mail
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_____ President/ CEO	_____	_____
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_____ Vice President	_____	_____
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Your Representatives to CAFSA	Title	Phone	E-mail
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_____ Primary Apprenticeship Contact	_____	_____	_____
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_____ Secondary Apprenticeship Contact	_____	_____	_____
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_____ Employer Agreement Contact	_____	_____	_____
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_____ Safety Contact	_____	_____	_____
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_____ Financial Contact	_____	_____	_____
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**Contractor/ Business Information:**

Contractors State License Number: \_\_\_\_\_ Annual Volume: \_\_\_\_\_

 General Contractor       Subcontractor

**Business Certifications (check all that apply)**

- Sole Proprietor    Partnership    Corporation    CA LLC    DBE (Disadvantage Business)    SDBE (Small Disadvantage Business)
- MBE (Minority-Owned Business)    Disabled Vet Business)    WOB (Woman- Owned Business)

**Work Regions (check all that apply)**

- Local                       State                       National

**Work Information**

- Scope of Work:    Public (State) \_\_\_\_\_ %    Public (Federal) \_\_\_\_\_ %    Public (Local) \_\_\_\_\_ %  
 Private \_\_\_\_\_ %    Commercial \_\_\_\_\_ %    Industrial \_\_\_\_\_ %  
 Residential \_\_\_\_\_ %

Please visit <https://www.naics.com/search/> and select a minimum of Five (5) CSI Codes that best describe the type of work you do: Please enter the codes below:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

Primary reason for joining: \_\_\_\_\_

How did you hear about California American Fire Sprinkler Association? \_\_\_\_\_

In Business Since (year business operations began) \_\_\_\_\_

# Of Office Employees: \_\_\_\_\_ # of Field Employees \_\_\_\_\_

# Of Apprentices you are looking to enroll in our program currently: \_\_\_\_\_

# Of Certified Fitter Journeymen \_\_\_\_\_ (please provide copy of CA Fitters License)

**Worker's Compensation**

Worker's Compensation Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*\* Required to submit a copy of your policy to: CAFSA*

\*2020 Mod Rate: \_\_\_\_\_ \*2021 Mod Rate: \_\_\_\_\_ \*2022 Mod Rate: \_\_\_\_\_

**General Liability Certificate**

General Liability Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

*\* Required to submit a copy of your policy to: CAFSA*

**California Prevailing Wage DIR/DLSE Registration Verification (if performing State Prevailing Wage)**

Registration Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

*\* Required to submit a copy of your registration to: CAFSA*

**American Fire Sprinkler Association Verification**

Membership Effective Date: \_\_\_\_\_

Membership Status: \_\_\_\_\_

*\* Required to submit a copy of your registration to: CAFSA*

## Optional: Company Branch Locations

Additional company locations may be added.

### Branch 1:

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Branch 2:

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Primary E-mail address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Application Fee

Application Fee: **\$1,250 Dues are non-refundable.** Payment must be received by CAFSA office prior to review of application by governing committee.

*Please Note: All information provided in the application” is confidential. However, because the CAFSA Apprenticeship Program qualifies as an ERISA Trust (Employee Retirement Income & Security Act of 1974), which funds the Training Program, all information marked as required needs to be supplied.*

*As a sponsoring employer of CAFSA, you will receive notices about member services, products, events which may be sent by email or mail. Some may contain advertisement or solicitation about these services, events, and you are consenting to the receipt of such emails but may decline by calling or writing to CAFSA.*

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*As a sponsoring employer of CAFSA, I agree to **uphold and promote and environment that attracts, trains, retains, sustains, and enhances the long-term viability of the fire sprinkler industry, which is the foundation upon which CAFSA was created and still operates today.***

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_



# Code Of Ethics & Professional Conduct

**The following Code of Ethics shall be honored by every Sponsoring Employer of California American Fire Sprinkler Association (CAFSA):**

**Whereas**, as Sponsoring Employers, we agree to uphold the Merit Shop Philosophy and Support the Preservation of Free Enterprise, which is the foundation upon which CAFSA was created and still operates today.

**Whereas**, as Sponsoring Employers, we agree to be mindful of our responsibilities to CAFSA and fellow contractors, and through conduct of our business, demonstrate that participation in this association is an assurance of integrity, safety, and quality.

**Whereas**, as Sponsoring Employers, we agree to hold paramount the safety, health, and welfare of the public and observe and foster the highest of safety and working conditions for employees.

**Whereas**, as Sponsoring Employers, we agree to comply with all laws and regulations governing the industry and our community.

**Whereas**, as Sponsoring Employers, we agree support the training of skilled tradespeople for the future welfare of the Fire Sprinkler industry.

**Whereas**, as Sponsoring Employers, we agree to promote the dignity and integrity of the profession.

As a Sponsoring Employer of CAFSA, I agree to conduct myself and my business in accordance with the above Code of Ethics and Professional Conduct and understand that my Sponsoring Employer status may be terminated, if found to violate said conduct.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Our Mission: Through comprehensive state and federally approved apprenticeship training programs, CAFSA develops apprentices into trained and skilled journeyworkers within the fire sprinkler industry.*

*Our Vision: Provide a career training pathway within the merit shop fire protection industry to protect every California life, property, and business.*