

## FOX BLOCK CONTRACTOR QUALIFYING FORM

6110 Abbott Drive Omaha, NE 68110 1-877-369-2562 www.foxblocks.com

By filling out this form successfully, a contractor will be qualified to install the Fox Blocks lineup of ICF forms. A wallet card will be issued to show the installer has been reviewed successfully.

#### WALLET CARD BEING APPLIED FOR: (See back of this page)

- **PRIMARY INSTALLER:** Successfully completed one ICF project or completed in class training.
- **JOURNEYMAN INSTALLER:** Successfully completed 5 Fox Blocks projects (or 1500+ Block).
- □ **MASTER INSTALLER:** Successfully completed 15 Fox Blocks projects (or 4500+ Block).
- □ ELITE PREMIER INSTALLER: Successfully completed 30 Fox Blocks projects (or 9000+ Block).

Ар	ISWER THE FOLLOWING QUESTIONS: plicant must be able to answer no less than 8 questions with a Yes. Have you installed Fox Blocks ICF's successfully? When?	□Yes	□No
2)	Have you installed any other ICF's successfully? When? Which ones?  Amvic Advantage Nudura Reward Logix Arxx 0	□ Yes	□No
		Jtner:	<u></u>
3)	Can you estimate ICF materials for your job?	□Yes	□No
4)	Do you have a good understanding of concrete strength and slump?	□Yes	□No
5)	Do you have concrete placement experience?	□Yes	□No
6)	You will consolidate concrete as per code.	□Yes	□No
7)	Can you self perform all aspects of an ICF job?	□Yes	□No
8)	Do you have past clients you can use as referrals?	□Yes	□No
9)	You will install Fox Blocks straight level and plumb.	□Yes	□No
10	You will follow the Engineering and/or Building Code when installing Fox Blocks.	□Yes	□No

#### AS FOX BLOCKS INSTALLER I ACKNOWLEDGE THAT THE ABOVE INFORMATION IS CORRECT.

Name:	Date:			
Mailing address:	City:			
Zip / Postal Code:	Office Number:			
Company Name:				
Cell Phone Number: _()	Fax Number: _()			
Email:	Signature:			
Fox Blocks Inspector:	FB Inspector Signature:			

This qualification does not warrant that the individual will apply the skills He or She has stated above. Fox Blocks will not be held responsible for jobs performed below the skill level stated above. Accurate estimates and competent workmanship is the responsibility of the estimator and / or installer.

Once completed, form can be scanned and emailed to **trainingdepartment@foxblocks.com**, or faxed to **1(402)408-5099**.

Please call toll free, 877-369-2562, or visit WWW.FOXBLOCKS.COM for more information.



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# Your Name

#### ID# 00000

Date Of Issue 03/29/11 Expiration Date 03/29/13

This is to acknowledge that the following individual has completed in class ICF training or has been site verified demonstrating the skills required to successfully install basic Fox Blocks jobs.



#### PRIMARY INSTALLER:

Successfully completed one ICF project or completed in class training.



## Your Name

Cardholder has succesfuly installed over 1,500 blocks.

ID# 00000

Date Of Issue 03/29/11 Expiration Date 03/29/13

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Successfully completed 5 Fox Blocks projects (or 1500+ Block).



### Your Name

MASTER INSTALLER Cardholder has succesfuly installed over 4,500 blocks.

ID# 00000

Date Of Issue 03/29/11 Expiration Date 03/29/13

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### Your Name

ELITE PREMIER INSTALLER Cardholder has succesfuly installed over 9,000 blocks.

ID# 00000

Date Of Issue 03/29/11 Expiration Date 03/29/13

This is to acknowledge that the following individual has completed in class ICF training or has been site verified demonstrating the skills required to successfully install Fox Blocks jobs. ELITE PREMIER INSTALLER: Successfully completed 30 Fox Blocks projects (or 9000+ Block). Regional Manager & Dealer will Confirm

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