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**APPLICATION FOR:**

**CALCTP-AT EMPLOYER CERTIFICATION**

**Employer Information:** Please fill in all information. Your application will not be considered unless all requested information is completed, signed, and dated. An email address is required in order to send admission information and up-to-date program information.

* Has the employer applicants or any of the owners, officers, or partners of the employer applicant had a contractor’s license or business license suspended or revoked any time in the last five years? \_\_\_\_\_\_\_ Yes \_\_\_\_\_ No
* Has the employer applicant or any of its owners, officer or partners ever been found liable in a civil suit or found guilty in a criminal action for fraud, theft, or any other acts of dishonesty? [[1]](#footnote-1) \_\_\_\_\_Yes \_\_\_\_\_ No

**Please be advised:** A certified CALCTP AT-Technician may only conduct acceptance testing under the umbrella of a certified CALCTP Acceptance Test Employer.

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| **Company Legal Name (as it appears on a business license):** | | | |
| **DBA Names (Please attach copy of the Fictitious Name Statement Filed when apply for Doing Business As (DBA) status):** | | | |
| **Employer Type (Corporation, Partnership, Joint Venture, Sole Proprietorship):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of incorporation (corporations), formation (partnerships) or commencement of business (sole proprietorships or joint ventures): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If corporation or partnership, list state under which laws of corporation or partnership is registered and provide registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are you a self-employed, owner operator?** Yes / No  **If Yes, do you have employees?** Yes / No | | | |
| **Federal Employer Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **If employer applicant is a contractor, provide Contractors State License Number, license class and expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **List officer(s) (if corporation) and all owners or partners who own at least ten percent of the equity:** | | | |
| **Company Mailing Address:** Street Address or P.O. Box: | | | |
| **City**: | **State**: | **Zip Code**: | **Country**: |
| **Phone Number**: ( )  **Fax Number:** ( ) | | **E-Mail Address of Contact** (required): | |
| **Company Website:** | | | |
| **Additional Office Location(s) that will employ CALCTP-AT Technicians—**Address City, State, and Zip (*if applicable*): | | | |
| **Name, Email Address and Title of Individual(s) Requesting Training:** | | | |
| **Contractor Main Contact Name/Email:**  **Technical Point of Contact Name/Email:**  **Contractual Point of Contact Name/Email:**  **Responsible Party[[2]](#footnote-2) (for each office) Point of Contact Name/Email:** | | | |

**Are you willing to provide third-party acceptance test services in counties served?**

\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

**Provide applicable business license(s) or business tax certificate(s) numbers for all offices that are registering to employ acceptance test technicians.**

Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License/Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License/Certificate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CALCTP-AT Employers must have a comprehensive general liability insurance policy with a policy limit of at least $1,000,000.** *Please provide insurance company and policy number.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CALCTP-AT Employers must have workers compensation insurance.** *Provide a copy with application. (Not required for self-employed owner operators with no employees).*

**CALCTP-AT Employers must have an Injury and Illness Prevention Program which meets the minimum requirements of 8 CCR § 1509 & § 3203.** *Provide a copy with application. (Not required for self-employed owner operators with no employees).*

**CALCTP-AT Employers must have a written Code of Safe Practices in compliance with 8 CCR § 1509.** *Provide a copy with application*. *(Not required for self-employed owner operators with no employees).*

**IMPORTANT: Approval of this application and the subsequent Admissions Slip provided by ICF International only guarantees training eligibility, not a spot in a training class. You must contact the training site directly to register for training.**

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| **FEE (Check one)** | | |
| € $480 Self-employed/owner operator holding valid CALCTP AT-Technician certification (with no more than 2 other ATTs working under company | € $840 Initial Application for One Office Contractors | € $1,140 Initial Application for Multi-Office Contractors |
| **Please do not submit the Application Fee until requested to do so by CALCTP Administration.**  Correct fee will be determined by CALCTP Administration based on application review. Fee submitted online at: [www.calctp.org](http://www.calctp.org).  The **CALCTP-Acceptance Test (AT) Employer Certification** course is offered as an online training via the CALCTP Learning Center. Access to the CALCTP Learning Center will be granted to authorized individuals upon approval of the company’s AT-Employer application and payment of the application fee. | | |

I, the undersigned as the legal representative for company aforementioned, understand that I will only use CALCTP-AT Certified Technicians to conduct acceptance tests. I also understand that I will not be a CALCTP-AT Licensed Contractor without agreeing to the quality assurance program administered by a third party and signing an agreement with this third party.

By earning a CALCTP-AT Contractor credential, I consent to give CALCTP permission to respond to consumer public queries about my certification status and make available, via a search tool on [www.calctp.org](http://www.calctp.org), certain information including: Company Legal Name, City/State, contact information, and Expiration Dates. I understand that CALCTP may, at its discretion, post or remove the consumer public information on [www.calctp.org](http://www.calctp.org).  Failure on my part to pay quality assurance or other maintenance fees may lead to my company becoming uncertified as a CALCTP-AT Contractor.

I understand that it is my responsibility to notify CALCTP of all changes to company information such as but not limited to: state licensing and bonding changes, address, and contact information.  I also understand it is my responsibility to verify the changes have been updated after notice. I understand that CALCTP reserves the right to suspend certification credential when the holder does not notify CALCTP of said changes. I certify to the best of my knowledge that all information in this application and the accompanying documentation is true and correct.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Wet or digital signature only, typed entry not accepted)**

**Of Behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit Application to:** [**Info@calctp.or**](mailto:Info@calctp.or)**g (preferred method) or mail to:**

**ICF**

**C/O: CALCTP**

**555 W. 5th Street, Suite 3100**

**Los Angeles, CA 90013**

1. * If yes to either of these questions you are not eligible to become a CALCTP Employer without filing an appeal and appeal fee for evaluation of the applicability of the suspension or revocation to the employer applicant’s ability to fulfill its duties as a CALCTP-AT Employer.

   [↑](#footnote-ref-1)
2. The Responsible Party is eligible under Division 3 of the Business and Professions Code to review and attest to the declarations statements made by CALCTP-AT Technicians on behalf of the CALCTP-AT Employer. [↑](#footnote-ref-2)