



Pennsylvania Association of Fire Equipment Distributors

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COMPANY APPLICATION FOR
PaFED TECH II CERTIFICATION PROGRAM FOR
RESTAURANT FIRE SUPPRESSION TECHNICIAN

(Please print or type)

This application must be fully completed for a company to be considered for participation in the
PaFED Tech II Certification Program for Restaurant Fire Suppression Technician.

COMPANY INFORMATION:

Company Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: () _____ FAX: () _____
Co. Website: _____

COMPANY CONTACT:

Primary Company Contact: _____ Title: _____
Email: _____

Alternate Company Contact: _____ Title: _____
Email: _____

CONDITIONS THAT MUST BE MET FOR COMPANY PARTICIPATION –

- 1) Company must be a Regular Member, in good standing, of PaFED.
2) Company must provide PaFED with a copy of a current certificate of manufacturer training indicating:
a) Company name c) Product line
b) Current trained employee name d) Expiration date
3) Company must provide a current Certificate of Insurance. Certificate must list PaFED as an additionally insured, and indicate the following minimum coverage:
a) General Liability Insurance in the amount of \$500,000.00 b) Workers Compensation – minimum state requirements
4) Company hereby releases and forever discharges PaFED and its officers, directors, members, agents, employees, successors and assigns (collectively, the "Related Parties") of and from any and all actions, claims and demands, of whatever kind and nature, whether in law or equity, which Company may now or hereafter have against PaFED or the Related Parties arising out of or relating to the Tech II Certification Program. In addition, Company hereby waives any rights that Company's insurance carrier or others claiming through the Company may have against PaFED or the Related Parties.

Company agrees to indemnify, defend and hold harmless PaFED and the Related Parties from liability against all third party claims or losses (including reasonable attorneys' fees) brought against PaFED and/or any of the Related Parties which relate in any way to the Tech II Certification by PaFED of the Company and its employees. This indemnity covers all claims brought against PaFED and/or any of the Related Parties by the insurance company of any third party, and includes claims arising under contract, warranty, negligence or any other theory of liability.

SIGNATURE: _____ Date: _____

Please submit this application to PaFED at the address listed above.

RCVD – Application _____ Insurance Cert. _____ Mfg Training Cert. _____
Approval by PaFED _____ Applicant Notified _____