



Pennsylvania Association of Fire Equipment Distributors

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(888) 923-3473 PA • (814) 835-2302
(814) 838-5127 FAX

INFO@PaFED.ORG • WWW.PaFED.ORG

APPLICATION FOR MEMBERSHIP

(Please print or type)

COMPANY INFORMATION: Corporation Partnership Sole Proprietor (One Owner)

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Co. Website: _____ Year Company Started: _____
PA Sales Tax Number: _____ Federal ID Number: _____

COMPANY CONTACT:

Primary Contact to PaFED: _____ Title: _____
Email: _____
Alternate Contact to PaFED: _____ Title: _____
Email: _____

CONDITIONS THAT MUST BE MET FOR ACTIVE MEMBERSHIP:

- 1) Do you follow the provisions of the National Fire Protection Association standards and other local codes and regulations within your service area which are applicable to your particular business? Yes _____ No _____
- 2) Do you have a D.O.T. certified hydrotest facility? Yes _____ No _____
 - a) If yes, list your D.O.T. Number and Expiration Date _____
 - b) If no, list the name and D.O.T. number of the Company that performs your hydrostatic testing
Company _____ D.O.T. # _____
- 3) Is firm or company owned, controlled, managed or operated by any full or part-time member or employee of a regulatory agency? Yes _____ No _____
- 4) Does the firm conduct its business at a location which clearly identifies the business through a permanent commercial sign? Yes _____ No _____
 - a) Photo of permanent commercial sign must be provided
- 5) List of References: Provide at least (3) references, these may be customers, vendors or competitors.
 - a) List to include company name, address and phone number
- 6) Company maintains insurance which includes general liability and workers compensation coverage. Yes _____ No _____
 - a) Proof of Insurance – copy of Certificate of Insurance must be provided

MEMBERSHIP CLASSIFICATION:

- ACTIVE** – Any firm operating a fire equipment distribution business Annual Dues - \$175
 ASSOCIATE – Any firm that sells to fire equipment distribution business Annual Dues - \$125

RESPONSIBILITY OF MEMBERSHIP:

If accepted for membership in this association, we acknowledge the responsibility inherent in sale and maintenance of fire protection distributed by the industry. We pledge to perform our work and serve our customers with the highest degree of honesty, skill, and integrity that such responsibility infers.

We pledge that we will perform all work in strict accordance with legally applicable national, state and local fire codes and that violation of this pledge may mean termination of membership in this association. I further state that I have the authority to commit my firm to such precepts and principles and do so without reservation.

I and my assignees also agree that any property of PaFED will be returned upon termination of membership. I hereby certify that I have read the contents of this application and that the information provided herein is true and correct.

Signature: _____ Date: _____

Please submit this application and first full year's dues payment to PaFED at the address listed above

RVCD @ State Office – Application Dues _____ CK# _____ Insurance Cert. _____
Approval by PaFED BOD _____ Applicant Notified _____