



FOUNDATION REPAIR ASSOCIATION, INC.

Certified Foundation Repair Specialist® Application

The purpose of the FRA certification program is to identify and promote those in the industry who have shown superior knowledge in the industry and a dedication to the ideals of the FRA. Qualifications for admission to take the certification test are rigorous as are the requirements to maintain one's designation as a Certified Foundation Repair Specialist.®

Criteria for admission to sit for the test are as follows:

1. The individual must have two years experience in the industry in either foundation evaluation, estimating or field supervision. Proof in the form of pay stubs, 941 reports, state employment reports, etc. of employment must accompany this application for consideration by CFRS committee.
2. Applicant must be an employee of an FRA member.
3. Applicant cannot have a conviction for a crime of moral turpitude.
4. Complete the enclosed application, send or e-mail a passport-sized color photograph of applicant, and pay a fee of \$500.00.

Criteria to maintain certification is as follows:

1. Individual must provide proof of at least 8 hours of continuing professional education each year. Educational courses taken other than at FRA sponsored programs must be pre-approved and cannot exceed 4 of the 8 hours in a single year.
2. Individual must maintain employment with an FRA member.
3. Payment of an annual \$50.00 renewal fee.

Any individual who fails to meet the maintenance requirements for a period of 12 months may be required to retake the examination and/or repay the application fee. Any decision in this regard will be at the sole discretion of the certification committee and the national board of the FRA.

Instructions and Procedures

1. Complete this application and attach or e-mail a photograph of applicant.
2. Mail the completed application along with the examination fee of \$500.00 to the Foundation Repair Association, P.O. Box 1, Hurst, TX 76053.
3. Upon receipt, the certification committee will review the application for qualification. If the committee determines the individual is qualified, member is sent a library of books, pamphlets and articles containing the subject matter upon which the individual is tested. The notification will also inform the applicant of the date and location for the next examination. If the application is rejected, member is informed by the committee of the reasons for the applicant's rejection and the examination fee is returned.

Your failure to follow the instructions contained on this page could delay the processing of your application.

APPLICANT INFORMATION
(Print all Information)
Use additional sheets if necessary

PERSONAL INFORMATION

Name:
Home Address:
City, State, Zip:
Social Security Number:
Home Telephone Number:

EDUCATIONAL BACKGROUND*

	NAME	YEAR GRADUATED	MAJOR
High School			
College			
Post Grad			

EMPLOYMENT

DATES OF EMPLOYMENT	NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	LIST ALL POSITIONS AND JOB DESCRIPTION

MORAL CHARACTER

Have you ever been convicted of any crime other than a minor traffic violations? Yes No
 If the applicant has answered in the affirmative, set forth details below:

DATE OF CONVICTION	CONVICTED OF	SENTENCE

EMPLOYER INFORMATION

Name of Employer:	
Address:	
City, State, Zip	
Telephone: ()	Fax: ()
Date of membership in the FRA:	
Employment date of applicant:	
Has the applicant been employed continuously since the first date of employment: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain below:	
Dates of Unemployment	Reasons
Set forth positions held by applicant during their employment:	
Dates	Position and Description

VERIFICATION OF APPLICANT

The undersigned applicant hereby attests that the information provided is true and that they have fully read the goals, criteria and requirements to become and maintain their designation as a FRA Certified Foundation Repair Specialist. They agree to abide by the any ruling of the association as to their qualifications.

_____ Date

_____ Applicant Signature

VERIFICATION OF EMPLOYER

The undersigned employer hereby attests that the information provided is true and that they have fully read the goals, criteria and requirements to become and maintain their designation as a FRA Certified Foundation Repair Specialist. They agree to abide by the any ruling of the association as to their qualifications of the applicant.

Employer Name: _____

_____ Date

By (Signature): _____

Print Name: _____

Title: _____