



# CREW LEADER RE-CERTIFICATION APPLICATION

COMPANY NAME: \_\_\_\_\_

CREW LEADER NAME: \_\_\_\_\_ PAC #: \_\_\_\_\_

COMPANY REP NAME: \_\_\_\_\_ PAQC: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CO. ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### *The Pledge*

I will communicate with my Company Representative on a written After Service Report the minimum following information:

- That the entire exhaust system was cleaned in accordance with Section *Cleaning of Exhaust Systems* (NFPA 96 *Cleaning Exhaust Systems* Section)
- Any areas of the exhaust system that cannot be cleaned, with the reasons why.
- Any areas of the exhaust system that are inaccessible or unsafe work areas
- Visible serious deficiencies in the exhaust system. This is limited to my knowledge as an exhaust cleaner (NFPA 96 *Cleaning Exhaust Systems* Section) of these sorts of deficiencies.

As a Kitchen Exhaust Cleaner, I understand my responsibilities to maintain the procedures of Phil Ackland's Certification Protocol.

Date: \_\_\_\_\_ Crew Leader Signature: \_\_\_\_\_

As the Company Representative, I verify that the named Crew Leader is aware of their responsibilities as a cleaning Crew Leader and is authorized to act as the Responsible Person, on behalf of the company at job site.

Company Rep signature: \_\_\_\_\_

If there have been any changes to your Insurance or After Service Report scan and email

**\$225.00 Per Applicant** \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Credit Card M/C VISA DISCOVER

Credit Card # : \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Date: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

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