

CFA CERTIFIED CAST-IN-PLACE FOUNDATION CONTRACTOR PROGRAM

Tomorrow your proposal will read
 "I am a CFA Certified Contractor."
 In ten years, the RFP will read
 "CFA Certified Contractor required."

Get in on the ground floor of a new industry program to certify foundation contractor firms in the residential cast-in-place industry. Plan to attend a Certification Seminar and written exam. Use this form to order a Certification Reference Packet to study with.

Successfully passing this exam establishes YOU as a "Certified Foundation Technician"

Your CFA Company Certification Reference Material packet will include

- IRC Chapter 4 – Foundations
- ACI 332-04 or ACI 332-08 – Code Requirements for Residential Concrete and Commentary
- ACI 332.1R-06 – Guide to Residential Concrete Construction
- CFA Standard – 2006 Edition
- CFA TN-001 - Using ACI 332 with the IRC
- CFA TN-002 – Backfilling Foundation Walls
- CFA TN-003 – Casting Residential Foundation Walls in Cold Weather
- Soils and Excavation
- Safety Guidelines and Regulations (includes Co-worker Safety Rules)
- Concrete Basics



CERTIFICATION REFERENCE PACKAGE

You will want to purchase one Certification Reference Package for each person taking the Exam(s).

SEND THIS ORDER FORM TO:

Orders will be accepted through www.cfawalls.org, by fax at 320.213.5556 or by mail to CONCRETE FOUNDATIONS ASSOCIATION, P.O. Box 204, Mount Vernon, IA 52314.

CONTACT INFO

Visit www.cfawalls.org or call toll-free 1-866-232-9255 Contact is Jim Baty, Technical Director, jbaty@cfawalls.org

ORDER YOUR STUDY MATERIALS NOW

CERTIFICATION REFERENCE PACKAGE

Certification Reference Package You will need one Reference Package per examinee

- CFA Member	Number	_____ x \$98*	= \$ _____
- Non-Member	Number	_____ x \$185*	= \$ _____
*Shipping and Handling \$10 per package			= \$ _____
TOTAL			\$ _____

Company _____

Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

CHECK (US Funds) Make checks payable to: Concrete Foundations Association, PO Box 204, Mount Vernon, IA 52314

CREDIT CARD: Visa MasterCard American Express

Name as it appears on card _____

Card number _____

Expiration Date _____

Authorization Code (3-digit code on back of card) _____

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