

All applicators of Omega AkroGuard Air and Water Barrier and all other associated Omega products and systems must be approved by CEMEX Mortars USA, LLC d/b/a Omega Products International ("Omega"). This form must be completed and emailed, faxed, or mailed to the address listed at the bottom of this page. Please type or legibly print the form; otherwise, it could delay the processing time of the application. PO boxes will NOT be accepted and copies will only be processed if legible.

**Company Information**

|                    |       |       |          |
|--------------------|-------|-------|----------|
| COMPANY NAME       | EMAIL | PHONE |          |
| OWNER/OFFICER NAME | TITLE | FAX   |          |
| ADDRESS – STREET   | CITY  | STATE | ZIP CODE |

**Qualification Information**

Applicators must meet minimum qualification requirements of Option A or Option B below.

**OPTION A:** Have a contractor license in the state where the Omega products are being installed with a specialty classification/qualifier related to waterproofing/weatherproofing. A copy of the license must be included with this application.

|                           |              |       |
|---------------------------|--------------|-------|
| CONTRACTOR LICENSE NUMBER | LICENSE TYPE | STATE |
|---------------------------|--------------|-------|

**OPTION B:** For applicators in states without contractor licenses or applicants without a waterproofing/weatherproofing classification (such as general contractors), complete the Work Experience form. Note, this is not required for applicators meeting the requirements of Option A.

I am an authorized officer of the above listed company ("the Company") and have read, understand, and am completely familiar with all literature available from Omega relating to its Omega AkroGuard Air and Water Barrier and all other associated Omega products and systems (the "Products") including but not limited to system data sheets, details, specifications and product data sheets. On behalf of the Company, I represent that all applicable personnel employed by, or working for, the Company have substantial practical expertise in the installation and application of fluid-applied air and water barrier systems and weatherproofing generally. If required by law, I represent that the Company is a licensed plastering, waterproofing/weatherproofing, and/or general contractor and assure compliance with all products specifications and requirements in the use and the installation of the Products. The Company understands that product information and installation guidelines may change periodically and that updates issued by governing code bodies may occur prior to Omega's printed material being updated. The Company understands that it is the Company's sole responsibility to make certain it is aware of any and all product or code changes, including those relating to Omega's details, requirements and specifications, and that the Company is responsible to assure that its installers and applicators are provided ongoing training in this regard. The Product's current literature may be obtained from the Omega website or by calling Omega.

The Company shall have the minimum required state, local municipality, and project specific insurance coverages and bonds when using the Products. Failure to maintain a required insurance or bond will void the Certificate applied for in this application.

In consideration of Omega granting the Certificate applied for in this application, the Company warrants and assures Omega that it will always comply with Omega's requirements and specifications in the application of any and all Omega products and, or any Omega systems. The Company further agrees to indemnify, defend and hold Omega harmless from any and all claims against Omega arising out of or in any way related to the Company's use, and or application of any Omega product or system. The Company understands and accepts that Omega takes no responsibility whatsoever for any activity engaged in by the Company.

The foregoing is represented by the Company through the authorized undersigned officer under penalty of perjury.

|              |       |
|--------------|-------|
| OFFICER NAME | TITLE |
| SIGNATURE    | DATE  |

Omega Products International Official Use Only – Corporate Office

|                    |             |      |
|--------------------|-------------|------|
| CERTIFICATE NUMBER | APPROVED BY | DATE |
|--------------------|-------------|------|