

This form is used to document the applicant has the necessary work experience to apply CEMEX Mortars USA, LLC d/b/a Omega Products International ("Omega") products and is required when applying to be an Omega Approved Applicator of AkroFlex EIF Systems, if:

1. The state where the Omega products are being installed does not require contractor licenses, or
2. The applicant does not have a contractor license with a lath/plaster classification (such as general contractors).

This form must be completed and emailed, faxed, or mailed to the address listed at the bottom of this page along with the Approved Applicator Form. Please type or legibly print the form; otherwise, it could delay the processing time of the application.

The company applying to be an Approved Applicator must employ at least one qualifying individual. The qualifying individual is the person who has the required experience and who is responsible for direct supervision and control of the application of Omega's products. The qualifying individual must document at least four (4) years of journeyman-level or higher experience in EIF systems. The experience must have been obtained within the last 10 years. The qualifying individual's work experience must have been completed at the level of journeyman, foreman, supervising employee, or contractor. A "journeyman" is an experienced worker who is fully qualified (as opposed to a trainee) and is able to perform the trade without supervision, or a person who has completed an apprenticeship program. A "foreman" or "supervising employee" is a person who has the knowledge and skills of a journeyman and directly supervises construction projects. A "contractor" is an individual who is a current or former licensed contractor. A contractor has the skills necessary to manage the daily activities of a construction business, including field supervision.

Qualifying Individual Information

NAME	EMAIL	PHONE
TITLE	COMPANY NAME	

Qualifying Individual Experience

Provide detailed information documenting at least four (4) years of journeyman-level or higher experience in the EIFS industry. If more space is needed to document experience, then complete an additional copy of this form.

DESCRIBE ANY FORMAL SCHOOLING, TRAINING, OR APPRENTICESHIPS RELATED TO EIFS

WORK EXPERIENCE – COMPANY 1

COMPANY NAME	TITLE	DATES OF EMPLOYMENT
DESCRIBE EIFS-RELATED TASKS PERFORMED		

WORK EXPERIENCE – COMPANY 2

COMPANY NAME	TITLE	DATES OF EMPLOYMENT
DESCRIBE EIFS-RELATED TASKS PERFORMED		

I certify that the information on this form is true and correct. I certify that I meet the requirements to be a qualified individual to apply or supervise the application of Omega products.

SIGNATURE	DATE
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