

INSTALLER PREQUALIFICATION FORM



COMPANY INFORMATION

• Legal Company Name:

• Operating Name (if different):

• Business Address:

• City / Province / Postal Code:

• Phone:

• Email:

• Website (if any):

• Primary Contact Person:

• HST Number (if applicable):

• Years in Business:

WORKFORCE & CAPACITY

• Typical Crew Size:

• Areas of Service:

• Number of Full-Time Installers:

• Number of Subcontract Installers (if any):

• Maximum Project Size You Can Handle (sqft):

• Primary Work Type: Custom Homes Renovations Low-Rise Commercial

• Number of Projects Completed this year (to date): Total Sqft: Scope:

• Number of Projects Completed last year: Total Sqft Scope:

INSTALLATION EQUIPMENT (CHECK ALL AVAILABLE)

Scissor Lifts Boom Lifts Laser Levels

Pump Jacks Scaffolding Rivet / fastening tools

Metal Cutting Saws suitable for aluminum

Other Installation Tools & Equipment:

CLADDING EXPERIENCE

- Years installing exterior cladding: _____
- Experience installing rainscreen systems? Yes No
- Types: Aluminum Siding ACM Fiber Cement Metal Panels Vinyl Other
- Have you installed aluminum plank siding systems before? Yes No
- Experience installing soffit systems? Yes No
- Comfortable reading architectural drawings? Yes No
- Have you installed aluminum plank siding systems before? Yes No
- Installation experience on: Wood Framing Steel Framing Masonry Backup
- Have you Install Blueskin or any other type of Vapor barrier? Yes No

SAFETY CERTIFICATIONS (CHECK ALL THAT APPLY)

- Working at Heights (Ontario MOL) Expiry Date: _____
- Fall Arrest Training Expiry Date: _____
- Boom Lift Certification
- Telehandler / Forklift Certification
- First Aid
- WHMIS
- Scissor Lift Certification

INSURANCE & SAFETY

- General Liability Insurance: Yes No
- WSIB Clearance Available: Yes No
- Any major safety incidents in last 5 years? Yes No
- Coverage Amount: \$ _____
- Insurance Provider: _____
- If yes, please explain: _____
- Health and Safety Policy? _____

PROJECT REFERENCES

Please list 3 recent exterior cladding projects.

1. Project 1 – Location / Type / Year / Builder or Architect:

2. Project 1 – Location / Type / Year / Builder or Architect:

3. Project 1 – Location / Type / Year / Builder or Architect:

- May VEDREX contact these references? Yes No
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MATERIAL HANDLING & INSTALLATION COMMITMENT

- We agree to store aluminum products in dry and protected areas as per the VEDREX instruction guide.
 - We agree to protect finished surfaces during handling and installation.
 - We agree to follow VEDREX installation guidelines.
 - We agree to use appropriate cutting tools for finished aluminum products.
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DECLARATION

We certify that the information provided above is accurate.

We confirm that our company maintains valid insurance, WSIB clearance, and required safety certifications.

We agree to follow VEDREX installation guidelines and best practices.

(INSTALLATION GuideLine attached OR Sign Separately)

Authorized Name:

Signature

Date