

QUALIFICATION CHECKLIST

Revised: March 2022

Please complete the form and submit it to sales@solidsurface.com or contact 888-715-3007 for additional information.

Referred by:	Date:			
COMPANY INFORMATIO	N:			
Company Name:				
City:	State/Province:		Zip/Postal Code:	
Phone:	Fax:		Website:	
Owner Name:				
Owner Email:				
Owner Cell:				
QUARTZ TRAINING INFORMATION:				
When did the account atte	and training?			
Date:	Location:		Trainer:	
Who attended the training	?			
Full Name:		Email:		
Full Name:		Email:		
Full Name:		Email:		
QUALIFICATION QUEST	IONS:			
Years in business?	Years in business?:		Has contractor license in the following State/Province:	
Has liability insurance coverage?				
Has documented safety procedures?				
Understands that qualification is for a 5-year term?				
Handling / Installation guidelines have been reviewed?				
Silica Safety process has been reviewed?				
I have sent photos of receiving & cutting equipment to sales@solidsurface.com				

RECEIVING CAPABILITIES (check all that apply):

Drop Ship

Flatbed Truck

Trailer