



INTERNATIONAL CLEANING AND RESTORATION ASSOCIATION

# CANDIDATE APPLICATION

I am applying for the following Performance Assessed Designation(s):  Carpet Cleaning  Tufted Carpet Repair

Name \_\_\_\_\_ ICRA Certification Number: \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ St/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St/Prov \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Country \_\_\_\_\_

E-mail (required) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  Technician  Owner

Which address listed above would you prefer your results to be mailed to?  Business  Home

Is this your first time being assessed by the ICRA?  Yes  No

**(SEE SCHEDULE)**  
**Preferred Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### CANDIDATE'S AUTHORIZATION AND PLEDGE:

By signing below, I hereby acknowledge that I have read this Authorization and Pledge, fully understand the meaning of each provision, and agree to abide by the terms and conditions as set forth below:

1. The ICRA has my permission to verify any information supplied by me in this application.
2. The ICRA has my permission to release or divulge to a prospective new employer any information supplied by me in making this application or any assessment report prepared by ICRA .
3. The ICRA has my permission to release my name and other contact information to carpet manufacturers, warranty companies, insurance companies, and any other related companies or firms approved by the ICRA. Further, the ICRA has my permission to notify such companies and firms of my Assessment by the ICRA.
4. As an Assessed and Certified Technician, I pledge to conduct my work in accordance with the standards set by the IICRC and other accredited standard setting bodies, to constantly strive to promote the goodwill of the employer, and to exercise care in the handling and treatment of my customers property.
5. I understand that I am not eligible to use the ICRA registered certification logo until such time that I have completed the ICRA Assessment for the designation that I have applied.
6. I understand and agree to pay an annual fee (currently \$45 per year) to maintain my ICRA assessment based certification as periodically set by ICRA in the ICRA Policy. ICRA Performance assessed designations are valid for 5 years providing that the annual fee is paid. After 5 years the certified individual must be reassessed. Certified individuals may be reassessed at anytime to establish their current assessment level at the price listed below.

Since space is limited, there will not be any refunds or applying of the already paid fees to a later Assessment Event. Candidates will have to re-apply and pay the fee again.

SIGNATURE OF CANDIDATE (REQUIRED): \_\_\_\_\_ Today's Date \_\_\_\_\_

### METHOD OF PAYMENT

**(PAYMENT MUST BE SUBMITTED WITH APPLICATION AND AT LEAST 14 DAYS PRIOR TO ASSESSMENT & TRAINING; NON-REFUNDABLE)**

ICRA MEMBER: \$149.00 per Assessment

NON-ICRA MEMBER: \$199.00 per Assessment

ICRA Members: Please Circle Association      CRA      PACR      SCRT      NYRCI      MCRA

CASH (MUST BE U.S. DOLLARS)       CHECK # \_\_\_\_\_      CREDIT CARD:       VISA       M/C       AMEX

CARD NUMBER: \_\_\_\_\_ V-CODE (AMEX is 4 digit on front): \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

EXACT NAME AS SHOWN ON CARD: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_ / \_\_\_\_\_  
month year

Signature of Cardholder: \_\_\_\_\_ Payment Received By: \_\_\_\_\_

### INTERNATIONAL CLEANING AND RESTORATION ASSOCIATION

3284 Ramos Circle, Sacramento, Ca 95827

Ph: (916) 736-1100 x302

Fax: (916) 736-1134

info@icrassociation.org