



Florida Association of Sinkhole Stabilization Specialists

Application for Corporate Membership

1. Please sign and date two copies of the attached FAS3 Confidentiality Agreement. Retain one copy for your records and return the other copy with your application.

Initial: Applicant ____ FAS3 ____

2. **Corporate Information (General):**

A. Name: _____
(Applicant must have operated under this business name for a minimum of five (5) years for consideration for full membership.)

B. Mailing Address:

C. Physical Address:

D. Contact Name: _____

E. Telephone: _____ - _____ - _____

F. Fax: _____ - _____ - _____

G. Email: _____

Initial: Applicant ____ FAS3 ____

3. **Describe your interest in being a Member of FAS3.**

Initial: Applicant ____ FAS3 ____



Florida Association of Sinkhole Stabilization Specialists

4. Corporate Information (Specific):

A. Incorporation Date: ___/___/_____ State: _____

B. List all DBAs with dates of operation. (Attach separately)

C. List all Owners and their Respective Percentages.

_____ %

_____ %

_____ %

_____ %

D. List all Corporate Officers and Titles

E. Any formal grievance with the State of Florida resulting in a disciplinary action? If so, please provide additional information.

F. Any formal grievance with the BBB resulting in a disciplinary action? If so, please provide additional information.

G. Have any Owners or Officers been convicted of any felonious criminal activity within the past five (5) years? If so, please provide additional information.

Initial: Applicant _____ FAS3 _____



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5. **Licensing Information:**

(Applicant must be or employ (full time) a state licensed A, B or C Contractor, Professional Engineer (PE) or Professional Geologist (PG).)

A. Name

License

_____	_____
_____	_____
_____	_____
_____	_____

B. Have any of the Applicant's licenses been disciplined within the past five (5) years? If so, please provide additional information.

C. Have any of the Applicant's licensees been disciplined within the past five (5) years? If so, please provide additional information.

Initial: Applicant ____ FAS3 ____

6. **Insurance Information:**

(Applicant must comply with the minimum state standards for Worker Compensation and must maintain a specified level of liability insurance.)

Please attach a copy of your current Certificate of Liability Insurance.

Initial: Applicant ____ FAS3 ____



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7. Other Required Documentation:

(Applicant must have a minimum of five (5) years experience in the diagnosing of settlement issues and/or the practice or design of subsurface grouting and/or foundation stabilization solutions with regards to sinkholes for consideration for full membership. Applicants with less than five(5) experience will not be considered for full membership but may qualify for Associate Membership.)

A. What services are being offered by the Applicant?

B. Three (3) professional references. Please attach the Corporate Name, Contact Name and Phone number.

C. Documentation on seven (7) consecutive jobs done within the past six (6) months with Engineer of Record or Contractor's comments. Please include any contact information.

Note:

For a Contractor/Construction Company, a performance review will be done by a current FAS3 member that is an engineer.

For a Geologist/Geology Company, a performance review will be done by a current FAS3 member that is an engineer.

For an Engineer/Engineering Company, a performance review will be done by a current FAS3 member that is a contractor.

Items to be checked in the performance review:

Were notices filed and permits obtained for the jobs?

Did the Applicant meet and document its' actions with respect to the original remediation plan?

Did Applicant employ methods that meet FAS3 standards?

Did Applicant use material that meet FAS3 Standards?

FAS3 Member Assigned: _____



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7. Other Required Documentation (continued)

D. On-Site Inspection (at discretion of reviewer):

(The goal of the onsite inspection is to observe the Applicant's facilities and/or equipment.)

- i. Are Applicant's staff full time employees?
- ii. Do written safety standards exist?
- iii. Are appropriate OSHA standards followed?
- iv. Do written employee policies and procedures exist?

E. Does Applicant engage in the practice of "flipping sinkhole houses"?

(This process is defined as the purchase and resale of properties with confirmed settlement issues.)

Yes _____ No _____

F. Will the Applicant sign a separate form that says the Applicant acknowledges and will abide by the ethics and standards of FAS3.

Yes _____ No _____

G. Will the applicant agree to an interview of its principal(s) by and before the FAS3 Board of Directors?

Yes _____ No _____

Initial: Applicant _____ FAS3 _____

8. Submit Application:

A. Review the application and initial each section.

B. Send the application and all relevant documents to:

John Watson
FAS3 Membership Chair
P.O. Box 10263
Brooksville, FL 34603

(Please mark the envelope "Confidential Material")

Mr. Watson can be contacted at 352.797.1100.