



# FRSA Professional Certifications

Since 1922, the Florida Roofing, Sheet Metal and Air Conditioning Contractors Association (FRSA) has steadfastly maintained its efforts to elevate the industries represented by the Association. Through educational workshops and seminars; liaison with other associations and local and state government and an attitude of involvement that has always been an integral part of FRSA, the Association strives for stability and professionalism within the industry. The FRSA *Voluntary Professional Certification Program* is an outgrowth of that spirit of cooperation and involvement committed to:

**Developing Leadership** – through voluntary certifications that promote professional development beyond state licensing requirements.

**Promoting the Profession** – through broadly recognized certifications whose recipients exemplify strong experience and commitment to excellence that set the standard for professionalism in their industry.

- » Certification recognizes the individual as a leader in their industry and is an advanced qualification recognized by clients, employers, peers and the public.
- » Certification reassures clients that they are retaining highly qualified professionals for their projects.
- » Certification demonstrates a strong commitment to ethics and professionalism.

Applicants for FRSA Voluntary Professional Certification must have been active in the appropriate field of construction for five consecutive years prior to applying. They must demonstrate their proficiency in their trade by furnishing references from architects, general contractors, owners, and state certified contractors in their field. Additionally, they must meet qualifications in the areas of experience, financial responsibility, continuing education and industry service.

Successful applicants receive the title of Certified Professional Roofing Contractor (CPRC), Certified Professional Sheet Metal Contractor (CPSC) or Certified Professional Air Conditioning Contractor (CPAC). As a Certified Professional Contractor, recipients may use the title and symbol on letterhead, business cards and other printed material, provided the designation is used with the individual's name. Certification is for individuals only. The titles CPAC, CPRC, and CPSC may not be used to imply certification of the company or firm that the individual represents.

As a service to its Certified Professional Contractors and others in the industry and public who may benefit from their assistance, FRSA maintains information on each of its Certified Professional Contractors. For questions or more information, contact FRSA at (800) 767-3772 ext. 157 or [lisapate@floridarroof.com](mailto:lisapate@floridarroof.com).



## Voluntary Professional Certification Contractor

To qualify for FRSA Voluntary Professional Certification the following requirements must be met:

1. Applicant must complete the Florida Construction Industry Licensing Board Certification Examination in the appropriate area of specialization with a score of 85% or above. A copy of your state test scores must accompany this application.
2. Applicant must have been active in the contracting business for a minimum of five (5) consecutive years immediately prior to attempting to qualify for FRSA Certification.
3. An applicant must submit four (4) references relative to his/her conduct in business, at least one of which must be a Florida CILB certified contractor.
4. Applicant must submit credit references establishing financial responsibility in the field.
5. Applicant must obtain a minimum of 15 biographical credits.
6. Applicant must submit a \$150 certification fee (checks payable to FRSA) with the application.

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(Please print or type the following information)

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am applying for:

\_\_\_\_\_ Certified Professional Roofing Contractor (CPRC)  
\_\_\_\_\_ Certified Professional Sheet Metal Contractor (CPSC)  
\_\_\_\_\_ Certified Professional Air Conditioning Contractor (CPAC)

### Credit References

1. Bank | Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Commercial | Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Other | Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



# Voluntary Professional Certification Contractor

I certify that the above information is true and correct to the best of my knowledge and that any false statement or misrepresentation I have made may result in the revocation of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Biographical Information

1. Years of experience in contracting business: \_\_\_\_\_

Starting company: \_\_\_\_ (2 credits per 5 years of experience, maximum 6)

2. Membership in industry associations (2 credits per category):

Local: \_\_\_\_\_ National: \_\_\_\_\_

3. Service to industry associations (Officer, Director, Committee person, etc.):

Local: \_\_\_\_\_ Office held: \_\_\_\_\_ Dates: \_\_\_\_\_

State: \_\_\_\_\_ Office held: \_\_\_\_\_ Dates: \_\_\_\_\_

National: \_\_\_\_\_ Office held: \_\_\_\_\_ Dates: \_\_\_\_\_

(1 credit per year, per office, maximum 5)

4. Technical contributions (seminars taught, programs or papers presented):

Nature of program: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Nature of program: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

(1 credit per presentation, max 2)

5. Seminars attended:

Subject: \_\_\_\_\_ Date & location: \_\_\_\_\_

(1 credit per seminar, if Continuing Education Units (CEU) granted; maximum 10)



## Voluntary Professional Certification Contractor

### 6. Formal Education:

College attended: \_\_\_\_\_ Degree earned: \_\_\_\_\_

Date: \_\_\_\_\_ Additional credit courses: \_\_\_\_\_

Dates & locations: \_\_\_\_\_

(4 credits for college degree, additional credit courses, maximum 2)

### 7. Industry Association Convention Attendance:

State: \_\_\_\_\_ Date & location: \_\_\_\_\_

National: \_\_\_\_\_ Date & location: \_\_\_\_\_

(1 credit per convention, maximum 2)

### 8. Local Government Service (Licensing Boards, Construction Councils, etc.)

Organization: \_\_\_\_\_

(1 credit per position)

### 9. Community Service (Chamber of Commerce, Better Business Bureau, Little League, etc.)

Organization: \_\_\_\_\_ (1 credit per position, maximum 1)

I certify that the above information is true and correct to the best of my knowledge and that any false statement or misrepresentation I have made may result in the revocation of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Voluntary Professional Certification Contractor

### Application for FRSA Certification References

Please have an owner, architect or general contractor for whom you have contracts for construction, fill out the following (a total of four references must be submitted with your application for certification. At least one of which must be a Florida CILB certified contractor):

I certify that I have known the below named applicant for \_\_\_\_\_ years and find him/her to be competent in the field in which the application is being made.

Applicant's Name: \_\_\_\_\_

Applicant's Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State Certification #: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this information to FRSA by one of the following means. Thank you.**

#### Mail

FRSA  
Attn: Lisa Pate  
PO Box 4850  
Winter Park, FL 32793-4850

#### Fax

(407) 679-0010

#### Scan and Email

[lisapate@floridarroof.com](mailto:lisapate@floridarroof.com)

Questions or comments? Call (800) 767-3772 ext. 157 or email [lisapate@floridarroof.com](mailto:lisapate@floridarroof.com)