



Application for Distributor Membership

NATIONAL ASSOCIATION OF FIRE EQUIPMENT DISTRIBUTORS

If you have any questions, feel free to call us at (312) 461-9600.

Please fill in your company information.

Company Name _____ Date ____/____/____

Main Contact Person _____ Title _____
(this person will receive all NAFED mailings)

Address _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Fax _____

Email _____ Website _____

Please answer the following questions accurately.

NAFED maintains the right to verify all responses contained in this application.

1. Is applicant (firm or company) owned or controlled by or is its principal manager or operator an employee of a regulatory agency whose responsibility is code inspection or code enforcement?

Yes No

2. Is your company actively engaged in selling, distribution, and servicing of fire extinguishers, pre-engineered, or engineered fire protection systems?

Yes No

3. Does any municipality in which you provide services require you to be licensed or certified? Yes No

If yes, please provide license/certificate numbers and the issuing agency's name and telephone number.

City _____ State _____

County _____ Province _____

Issuing Agency Name _____

License / Certification Number _____ Issuing Agency Telephone _____

4. Do you abide by all local codes and regulations when conducting your business? Yes No

5. Do you abide by all current NFPA standards? Yes No

6. Do you have a D.O.T. or Transport Canada certified hydrotest facility? Yes No

If yes, list license number: Lic. No. _____ Exp. date _____

If no, list the company that performs your hydrostatic testing and submit a Certification of Cylinder Testing Verification form (see page 3 of this application).

_____ D.O.T./Transport No. _____

7. Was your company ever expelled from NAFED? Yes No

If yes, when and why? _____

8. Has your company, at any time, used the NAFED logo in or on any literature, advertising, tags, labels, or any other material that would have associated your company with NAFED? Yes No

If yes, why? _____

For official use only: to comm. pending approved _____ member # _____

If accepted for membership in this association, I acknowledge the responsibility inherent with the sale and maintenance of fire protection equipment distributed by the industry. I pledge to perform the work and to serve our customers with the highest degree of honesty, skill, and integrity.

I pledge that we will perform all work in strict accordance with legally applicable national, state, and local fire codes and that violation of these codes may be cause for termination from this membership association. Furthermore, I state that I have the authority to commit this firm or company to such precepts and principles.

My assignees and I also agree that any property of NAFED will be returned to the association upon my termination of membership.

I hereby certify that I have read the contents of this application and that the information provided herein is true and correct.

Signature _____ Title _____

Company Name _____

Address _____

City _____ State/Province _____ Zip/Postal _____

Sworn to and subscribed before me this _____ day of _____, _____ (Year)

Notary public

Seal

****A full year's membership fee of \$395 U.S. must be included with your application.
Your second year's membership fee will be prorated relative to the month you are accepted.***

Please read and sign the Code of Ethics.

Code of Ethics for Distributor Membership

We, as active members of the National Association of Fire Equipment Distributors, recognize that the products and services we provide have a significant impact on the quality of life for the entire public. As we perform our services, we will demonstrate the highest level of professionalism, personal integrity, and competence. Accordingly, we adhere to the NAFED Code of Ethics, which states:

- We will fulfill our obligations to our clients in an efficient and competent manner and with complete honesty.
- We undertake to provide only those services for which we are competent by way of education, training, and experience.
- We strive to maintain our proficiency by a process of continually updating our knowledge and skills.
- We strive to adhere to all established codes and standards relevant to the products and services we provide.
- We do not attempt to misuse codes and standards or the process by which these codes and standards are created.
- We strive to follow all instructions established by the manufacturers of the equipment we provide or service.
- We will analyze the needs of our clients completely and professionally, and make honest recommendations to fulfill those needs based on all available information.
- We strive to warn of any condition we notice that may affect the safety, health, and well-being of our clients, their property, and their employees.
- We will keep confidential and will not misuse the proprietary business information and trade secrets of our clients.
- We will conduct ourselves in a dignified and professional manner. We will admit and accept our own errors when proven wrong.
- We will not distort or alter the facts in an attempt to justify our decisions.
- We recognize that we are invited into our clients' facilities and will conduct ourselves in a safe and professional manner. We will treat our clients' goods and property with the highest regard.

Signature of applicant



Certification of Cylinder Testing Verification

NATIONAL ASSOCIATION OF FIRE EQUIPMENT DISTRIBUTORS

*If you answered no to question #6 on page 1 of this application form, please fill out this page.
If you answered yes, please skip this page and continue on to page 4.*

To be filled out by NAFED membership applicant.

I verify that our company receives testing service requiring D.O.T. or Transport Canada certification.

Applicant's Company Name _____

Company's Address _____

City _____ State/Province _____ Zip/Postal _____

To be filled out by verifying company.

The following company provides these services.

Company Address _____

City _____ State/Province _____ Zip/Postal _____

Phone _____ Fax _____

D.O.T./Transport Canada Certification Number _____

Expiration Date _____

Signature _____

Print Full Name _____

Title _____

Date _____

CHECKLIST

Prior to returning your application to NAFED, please make sure that you have completed all of the following parts of the application process.

- Complete and include pages 1 and 2
- Include an official Notary Public seal on page 2 of your membership application
- Complete and include page 3 (the Certification of Cylinder Testing Verification form) if applicable
- Include a payment of \$395 U.S. by check or credit card
- Address and mail **OR** fax this application to:

NAFED
Attn: Membership Department
122 S. Michigan Ave., Suite 1040
Chicago, IL 60603

Fax (312) 461-0777

- Check if you'd like an additional set of mailings sent to another individual in your organization at the same address for \$40 U.S. per year. We'll send you the applicable order form to fill out and return with payment.

Payment Method

CHECK ENCLOSED (payable to NAFED)

AMEX

VISA

MASTERCARD

ACCOUNT NUMBER

SIGNATURE

NAME ON CARD

EXPIRATION DATE