



Mail to: AWI Quality Certification Program  
46179 Westlake Drive, Suite 120  
Potomac Falls, VA 20165  
Online: [www.awiqcp.org](http://www.awiqcp.org)  
Phone: 855.345.0991  
Fax: 703.229.1211

# QCP Project Certification Request Form

ORDER AT LEAST 14 Days PRIOR TO FABRICATION

## 1) Verify Project Information:

QCP Number: \_\_\_\_\_ Indicate QCP Contract Amt: \_\_\_\_\_  
 Project Name: \_\_\_\_\_ \$.....  
 Address: \_\_\_\_\_ Calculate Fee:(Contr Amt X .0050)  
 Project City: \_\_\_\_\_ St: \_\_\_\_\_ Certification Fee: \$.....  
 Woodworker: \_\_\_\_\_ Note: \$500 Minimum Fee  
 Address: \_\_\_\_\_ WW Phone: \_\_\_\_\_  
 WW Fax: \_\_\_\_\_ ( ) \_\_\_\_\_  
 Company ID: **C73518**

## 2) Indicate Certification Scope: This Section Must Be Completed to Fulfill Your Order

In accordance with the provisions of the QCP Program Policies and our company, we request certification labels and/or certificates of compliance for the following sections identified by C (Custom) or P (Premium) next to the listing.

Quantity Certificates of Compliance: \_\_\_\_\_ Quantity Project Labels \_\_\_\_\_

Grade	Fab/Inst	AWS Section
P C F I	_____	5 - Factory Finishing
P C F I	_____	6 - Millwork
P C F I	_____	7 - Stairwork & Rails
P C F I	_____	8 - Wall Surfacing
P C F I	_____	9 - Architectural Doors
P C F I	_____	10 -Casework
P C F I	_____	11 -Countertops
P C F I	_____	12 -Historic Restoration

**For All Door Orders**  
 If this order includes work in QSI Sections 1300/1400 or AWS Section 900, please indicate the total number of door units included in this contract. This is required.  
**Total Door Units**  
 \_\_\_\_\_

## 3) Indicate Current Project Status:

Awarded to WW\_\_\_\_, Shop Drawing\_\_\_\_, Fabrication\_\_\_\_, Finishing\_\_\_\_, Delivering\_\_\_\_, Installing\_\_\_\_.

If any work being certified by your firm will be supplied by other sources, list them below:

Woodworker: \_\_\_\_\_ Finisher: \_\_\_\_\_

To be Installed by: Woodworker \_\_\_\_\_, GC \_\_\_\_\_, Carpenter Installer \_\_\_\_\_, Other(list)\_\_\_\_\_

## 4) Certification Statement:

Our firm certifies that the work described above complies with the Standards as applicable to the requirements of the above-referenced project, and Sections 4.1.13 and 4.4.4 of the QCP Policies, evidenced by authorized signature below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

## 5) Payment Methods: Payment must be submitted along with this application.

Pay online with a credit card: <http://www.awiqcp.org/label/Orderlabels.asp>.

Make Checks Payable to AWI Quality Certification Corporation.

This form must be completed FULLY and ACCURATELY in order for your certification order to be processed. The following is an excerpt from the QCP Policies which may be found in their entirety on our website at [www.awiqcp.org](http://www.awiqcp.org).

4.1.14 Licensees may certify and label, according to the Standards, sections and grades of work that have been manufactured by the licensed participant, or work for which the participant has taken direct contractual responsibility for incorporation in the project, based on what the licensee is licensed to manufacture.