



Become an Installer

Application Form

Installation Services
weinstallyourelax.ca

Send completed form to Installation Services Manager.

Name: _____

Business Name: _____

Phone Number: _____

Email: _____

Website (if applicable): _____

Address: _____

What do you install?

- | | | | | |
|--------------------------------------|----------------------------------|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Kitchens | <input type="checkbox"/> Windows | <input type="checkbox"/> Lighting | <input type="checkbox"/> Decks | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Bathrooms | <input type="checkbox"/> Doors | <input type="checkbox"/> Electrical | <input type="checkbox"/> Garage Doors | <input type="checkbox"/> Wood Stoves |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Closets | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Siding | <input type="checkbox"/> Heating / Ventilation /
Mini-Splits |
| <input type="checkbox"/> Other _____ | | | | |

Number of years experience? _____ Number of years in the business? _____

What province / community do you want to work in? _____

How far are you willing to travel (in kilometers)? _____

Do you have a criminal record? Yes No

Do you have an in-house account with KENT? Yes No

Are you legally allowed to work in Canada? Yes No

Do you have a valid driver's license? Yes No

We require a minimum of 1,000,000 in liability insurance and WorkSafe / WCB (if applicable). Please provide proof of liability insurance, WorkSafe/WCB (if applicable), any other trade licenses and/or certifications, and references within your email application.

We look forward to working with you!