

ROSIE ON THE HOUSE

Certified Partner Pre-Qualification Application: Part 1

Thank you for your interest in becoming a Rosie on the House Certified Partner. This application is your first step in being acknowledged as one of Arizona's best-of-the-best in your field! Please fill complete the following:

Company:	□LLC	□Corporatio	on .	□Individual		
Address:			,,, <u>,</u>			
City:			State:		Zip code:	
Phone:			T Ctuto.		p	
Email:						
Website:						
KEY PERSONNEL Owner	INFORMATION					
Name:		Phone:	Phone:		Email:	
Main Contact		Dlassa		F		
Name:		Phone:		Email:	Email:	
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n which categori	es are you interest	ed in membership?				
		eed in membership?	e category yo	u would like to be	posted in, please v	write the titl
Note: (Check rosieont		ence.) If you do not see th	e category yo	u would like to be	posted in, please v	write the titl
Note: (Check rosieont vhat you would like t	hehouse.com for refere he category heading to	ence.) If you do not see th be.)	e category yo	u would like to be	posted in, please v	write the titl
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4. LICENSE INFORMATION

Please indicate what license(s) you hold including type and expiration date:



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	Residential Licer	nse Number(s):				
	Type of License(s):				
	Commercial Lice	ense Number(s):				
	Other License Number(s):					
	If your service d					
	an ROC license, please list					
	applicable licens	se information:				
	Are all licenses in	good standing?				
	Yes:					
	No:					
	NO.					
	If NO , please ex	plain:				
		een a company name or license number change? 1				
	Yes:					
	No:					
	Г <u>.</u>					
	If YES , please ex	plain:				
5.	HOW DID YOU H	EAR ABOUT ROSIE ON THE HOUSE? (check all that apply)				
٠.	Radio Program	(unest an unat appry)				
	Website					
	Newsletter					
	Referral					
	Other	Explain:				
	o the	_ ZAPIGITI				
6.	WHAT IS YOUR G	OAL IN JOING ROSIE ON THE HOUSE?				
APPLICA	ANT'S SIGNATURE					
	Signature:					
	Date:					

Please submit completed forms to PreQual@rosieonthehouse.com