



CMDTM
MARINE PRODUCTS

APPLICATION FORM FOR A CERTIFIED INSTALLER TERRITORY

Thank you for your interest in the CMD Marine Product Certified Installer Program !

To assist in ensuring if certified installer program is a fit for you, please respond to the following

I will devote myself full time to this business

I am willing to consider relocating for a CMD territory

I have access to a minimum of 35K\$ funds to invest in a CMD Marine Products territory.

I am willing to successfully complete training and demonstrate the skills required before I invest.

I am legally entitled to work in Canada.

APPLICANT INFORMATION

** indicates required fields*

*First name : *Last name :

*Year of birth : *Phone number : Phone number (2):

*Home address : *City :

*Province : *Postal code : *Email address :

*Language(s) fluent in :

TELL US ABOUT YOURSELF

** indicates required fields*

*Why are you interested in starting your own business ? :

*Why do you think you could be successful as a CMD Certified Installer ? :

What else would you like us to know or consider as part of your application ? :

*Where did you hear about this opportunity? (select all that apply):



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EXPERIENCE

** indicates required fields (Please list most recent first)*

*Position: *Company:

*Time period:

*Describe duties, number of employees supervised & responsibilities:

Position: Company:

Time period:

Describe duties, number of employees supervised & responsibilities:

Position: Company:

Time period:

Describe duties, number of employees supervised & responsibilities:

BUSINESS EXPERIENCE

*Have you ever owned your own business or franchise? If so, explain nature of business.:

*Have you ever had a business failure? If so, please explain what happened and what you've learned.:

FINANCIALS

*Current annual earnings: *Funds you are looking to invest:



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ADDITIONAL INFORMATION

** indicates required fields*

*Have you ever worked in the boating industry before? If yes, where and when? :

Has any judgement ever been entered against any of the following :

*You, your company or an employer where you were one of the litigants? :

*Have you or any business that you have owned ever been a party in any litigation? If yes, please explain :

*Have you or any business that you have owned ever declared bankruptcy? :

*Have you ever been convicted of a criminal offence for which a pardon has not been granted? :

*Do you or your spouse/partner currently have, or historically had, any direct or indirect interest or involvement in any other boating services/products business? If so, please explain :

REFERENCE

** indicates required fields*

*First name : *Last name :

*Address : *City :

*Province : *Postal code : *Email address :

*Phone number :

I understand that the submission of this application does not obligate me or CMD MARINE PRODUCTS in any manner, nor does it imply that there is any legal or commercial relationship between us. I further understand that CMD MARINE PRODUCTS has the sole right to approve or disapprove the Application for any reason it may determine, and in the event that CMD MARINE PRODUCTS disapproves the Application, CMD MARINE PRODUCTS shall have no liability or ongoing obligations to me. I certify that the information contained in this Application is accurate and complete and I will immediately notify CMD MARINE PRODUCTS in writing of any material change to this information. I understand that any omission or misrepresentation of information provided by me may result in my removal from the CMD MARINE PRODUCTS training program if accepted as well as constitute grounds for termination of any Certified Installer agreement that I may be granted. CMD MARINE PRODUCTS is authorized to investigate my background as it pertains to my qualifications. I further consent to CMD MARINE PRODUCTS obtaining a credit report, criminal background check and any other information it deems necessary in order to evaluate my suitability as a potential Certified Installer.

Signature :

Date :