A close up of a sign

Description automatically generated

NARI Accredited Remodeling Company Program Application

NARI Office Use Only: Application # (Assigned by NARI):

Instructions

By submitting this application and applicable fees, you will begin the accreditation process for the NARI Accredited Remodeling Company (ARC) designation.

Please read and complete each section fully and accurately ***by typing into the fillable form fields provided***. Use the tab key to move between fields. You may also click with your mouse or tap to select the field and then type the information.

***All sections of this form are required.*** Where something does not appear to apply, please enter “NA” and provide an explanation.

NARI will review your application and determine whether your company is eligible to enroll in the accreditation process.

* If your company is eligible, NARI will provide you a link to your company’s online assessment, an application number, and instructions.
* If your company is not eligible, NARI will contact you with information about your status.

Upon NARI’s approval of your application, you will have six months to complete and submit the entire accreditation assessment.

Additional information on program requirements, policies, and procedures are available in the NARI Accreditation Operations Manual.

**You may e-mail, mail, or fax the application using the contact information below:**

Email: [arc@nari.org](mailto:arc@nari.org)

Phone: (847)298-9200

Fax: (847)298-9225

Mail: Attn: Accreditation

National Association of the Remodeling Industry

700 Astor Lane

Wheeling, IL 60090

## Company Information

Legal name: Type Legal business name here.

Doing Business As (DBA) company name – *If applicable*:

Enter DBA name here or NA.

Business Address: # and street address.

Additional address info, if applicable.

Business Phone: ###/###-####

Year Business Established: ####

Federal Employer Identification Number (EIN): ##-#######

## Primary Contact for Accreditation Process

| **Name** | **Email** | **Phone** |
| --- | --- | --- |
| Contact name | email@domain.com | ###/###-#### |

## Company Management

List the names of all members of the executive management team, including owners:

(If additional space is needed, please attach a list.)

| **Title** | **Name** | **Phone** | **Email Address** | **Owner?** |
| --- | --- | --- | --- | --- |
| Job Title | Name | ###/###-#### | email@domain.com |  |
| Job Title | Name | ###/###-#### | email@domain.com |  |
| Job Title | Name | ###/###-#### | email@domain.com |  |
| Job Title | Name | ###/###-#### | email@domain.com |  |

## North American Industry Classification System (NAICS) Codes:

Using the drop-down items below, identify ***only one*** primary NAICS Code – the one that best represents your business. Indicate as many of the other codes you also use. NAICS codes may be found here: <http://www.census.gov/eos/www/naics/>

| **Codes Used (Drop Down)** | **NAICS Code** | **Description of NAICS Code** |
| --- | --- | --- |
| Choose an item. | 236115 | New Single-Family Housing Construction (except For-Sale Builders) |
| Choose an item. | 236116 | New Multifamily Housing Construction (except For-Sale Builders) |
| Choose an item. | 236117 | New Housing For-Sale Builders |
| Choose an item. | 236118 | Residential Remodelers |
| Choose an item. | 238130 | Framing Contractors |
| Choose an item. | 238140 | Masonry Contractors |
| Choose an item. | 238150 | Glass and Glazing Contractors |
| Choose an item. | 238160 | Roofing Contractors |
| Choose an item. | 238170 | Siding Contractors |
| Choose an item. | 238210 | Electrical Contractors and Other Wiring Installation Contractors |
| Choose an item. | 238220 | Plumbing, Heating, and Air-Conditioning Contractors |
| Choose an item. | 238290 | Other Building Equipment Contractors |
| Choose an item. | 238310 | Drywall and Insulation Contractors |
| Choose an item. | 238320 | Painting and Wall Covering Contractors |
| Choose an item. | 238330 | Flooring Contractors |
| Choose an item. | 238340 | Tile and Terrazzo Contractors |
| Choose an item. | 238350 | Finish Carpentry Contractors |
| Choose an item. | 238390 | Other Building Finishing Contractors |
| Choose an item. | Other (Specify) | Description of other NAICS Code. |

## Annual Sales Volume:

Provide your company’s annual sales prior for the past 3 complete fiscal years. You may round to the nearest thousand.

|  |  |  |
| --- | --- | --- |
|  | **Fiscal Year End Date** | **Annual Sales in $** |
| Year 1 | Month ##, #### | $###,### |
| Year 2 | Month ##, #### | $###,### |
| Year 3 | Month ##, #### | $###,### |

## Remodeling Focus

Identify the types of remodeling projects you completed in the recent years. Check all that apply:

Kitchens Bath Room Additions Exteriors Windows Roof Whole House Other (Describe) Describe other type of remodeling projects not listed above.

What is the average number of remodeling projects per year completed by your company in the past three years? (Select only one.)

1 – 10  11 – 20  21 – 30  31 – 50  More than 50 per year

What is the average price per project completed by your company?

Click here to enter average project price

## Company Size

In the space provided below for the past 3 years, list the number of current employees (W-2 only) and what percentage of your business is performed by subcontractors:

|  |  |  |
| --- | --- | --- |
|  | **Number of Employees  (W-2)** | **% of Business Performed by Subcontractors** |
| Year 1 | ## W2 | % subcontracted |
| Year 2 | ## W2 | % subcontracted |
| Year 3 | ## W2 | % subcontracted |

## Certifications & Accreditations

A pre-requisite for enrollment in NARI Accreditation requires at least one employee to hold a current top tier certification as outlined in the eligibility requirements available [here](https://www.nari.org/Certification-Accreditation/Company-Accreditation/Get-Accredited).

Please list the top tier credentials satisfying this pre-requisite.

| **Credential / Designation** | **Held by**  **(Name of employee or your company name)** | **Issued by**  **(Name of sponsoring organization)** | **Expiration** |
| --- | --- | --- | --- |
| Credential | Name | Organization | MM/Year |
| Credential | Name | Organization | MM/Year |
| Credential | Name | Organization | MM/Year |
| Credential | Name | Organization | MM/Year |
| Credential | Name | Organization | MM/Year |
|  |  |  |  |

## AFFIDAVIT (Check each)

**By submitting this request for application, I confirm that I have the legal authority to sign on behalf of my company.**

**Furthermore, the Company affirms that we:**

**Fully understand that submittal does not guarantee accreditation.**

**Agree, following acceptance of the request for application, to submit to a comprehensive accreditation assessment and supply supporting information as outlined in the NARI Accredited Remodeling Company Guidebook.**

**Understand that, assuming successful completion of the accreditation process, there are on-going requirements and fees –**

**Accredited Remodeling Companies will submit documentation annually and complete an application to reaffirm the accreditation at the end of the 5-year accreditation cycle.**

**In addition to the application fees, there also are accreditation fees, including annual reporting fees, and fees at the end of each 5-year accreditation cycle to reaffirm our accreditation.**

**Understand and attest that our company will now, and in the future, adhere to the NARI Code of Ethics and Standards of Practice.**

**Understand that any false statement or misrepresentation in the course of these proceedings and application may result in the revocation of the application and the issuance of a complaint of violation of said Ethics.**

**Accept that failure to adhere by these Standards of Practice and Code of Ethics is grounds for removal of our accreditation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: | Month ##, #### |
| Title: | Position / Title |  |  |  |

Instructions: There are two ways to sign and submit your signature (here as well as on the payment page):

1. Click in the box next to the word “Signature” and insert (upload) an image file with your signature. Save it and transmit it with the rest of your application and supporting documentation.

OR

1. Print out the completed signature page on paper, add your signature, and then:
   * Scan it and submit it with the rest of your application materials or
   * Fax it to NARI, Attention Accreditation.

## Payment

All fees must accompany this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Application Fee |  |  | $350.00 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment: | Check | Visa | Master Card | American Express |

|  |  |  |  |
| --- | --- | --- | --- |
| Cardholder Name: | Name on Credit Card | | |
| Credit Card Account #: | Card #### #### #### #### #### | | |
| Expiration Date: | ##/#### | CVV | ###. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Billing Address** |  | | | | |
| Street Address | ## Street | | | | |
| City | City | State | State | Zip | #####-#### |
| Total Payment Included: | $350.00 | | | | |
| Please Send Receipt: | Yes No | | | | |
| Signature: |  | | | | |

*To sign – Upload an image of your signature in the field above OR print, sign, then scan or fax. (Also see instructions on* ***Error! Reference source not found.*** *page.)*