**Connecticut Foundation Solutions Indemnity Company, Inc. (“CFSIC”)**

***Foundation Certification Course Registration***

1. Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Business Name and Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. I am a CT-licensed home inspector: \_\_\_Yes \_\_\_No

 License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I am a CT-licensed professional engineer: \_\_\_Yes \_\_\_No

 License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \* I want to attend the course on June 11: \_\_\_Yes \_\_\_No

 \* I want to attend the course on June 25: \_\_\_Yes \_\_\_No

 **(Each course will be limited to 27 attendees on a first-come, first-served basis. You will be notified by email if your preference can be honored, or if the course day is full, or if you have been assigned a day that is not your preference.)**

**\* Address:** Red Lion Hotel, 100 Berlin Road, Cromwell, CT 06416

**Time:** 8:00 AM to 5:00 PM

**[Signature page follows]**

If I am a CT-licensed home inspector: I hereby represent and warrant, by applying my signature, that my license to perform home inspections in Connecticut is current and in good standing, and I have a minimum of three years of home inspector professional work experience and am therefore eligible to take this course.

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Your Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I am a CT-licensed professional engineer: I hereby represent and warrant, by applying my signature, that my license as a professional engineer in Connecticut is current and in good standing.

Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Your Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:**

Registration must be in advance; no “walk-ins” will be permitted. Registration is first-come, first-served. We cannot guarantee that your preferred date of attendance will be available.

Please return this completed registration form as a scan to: info@crumblingfoundations.org