

# Application for 3M Certified Installer Membership



**UASG**  
**9697 Inver Grove Trail**  
**Inver Grove Hts., MN 55076**  
2 pages – please print

**LLOYD PAXTON, President**  
**JEAN ADES, Business Manager**  
**Phone: 612.209.9703**  
**Fax: 651.450.2099**

Company \_\_\_\_\_ Date \_\_\_\_\_

Primary Contact \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ Web site \_\_\_\_\_

Federal ID or Social Security Number \_\_\_\_\_

Number of installers \_\_\_\_\_ Years in Business \_\_\_\_\_

**AREAS OF EXPERTISE (CIRCLE ALL THAT APPLY)**

**FLEET                      VEHICLE WRAPS                      FLOOR                      ARCHITECTURAL**

**REFERENCES - ALL REFERENCE SLOTS MUST BE ENTIRELY FILLED IN. IF YOU DO NOT KNOW YOUR 3M REPRESENTATIVE OR ANOTHER UASG MEMBER, PLEASE GIVE US ANOTHER REFERENCE.**

Existing UASG Member \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

3M Commercial Graphics Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

End User \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_

End User \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_

Screen or Digital Printer \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_

Screen or Digital Printer \_\_\_\_\_  
 Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail address \_\_\_\_\_

***THE FOLLOWING MUST ACCOMPANY YOUR APPLICATION:***

- \* **PROOF OF BEING IN INSTALL BUSINESS FOR AT LEAST THREE (3) YEARS.**
- \* **PROOF OF LIABILITY AND WORKER'S COMPENSATION INSURANCE.**
- \* **PHOTOS OF WORK COMPLETED IN THE LAST SIX (6) MONTHS.**

The undersigned affirms that all of the above information is correct at the time of completion. The undersigned understands that if the above information is found to be false or grossly inaccurate, their membership may be revoked without a refund of fees or dues. By signing this form the applicant also agrees to abide by the By-laws, and the Code of Conduct of the United Application Standards Group.

\_\_\_\_\_ **Print Name**                      \_\_\_\_\_ **Signature**                      \_\_\_\_\_ **Title**                      \_\_\_\_\_ **Date**

**PLEASE MAIL ALL REQUIRED DOCUMENTS AND \$500.00 APPLICATION FEE TO UASG.**