



**SEFA Sustaining Member Application – Non Voting  
(Dealers / Installers / Distributors / Contract Manufacturers)  
(CONFIDENTIAL)**

**Annual Dues: \$5380.00 if gross annual revenue is more than \$15 million dollars (US)  
\$3185.00 if gross annual revenue is less than \$15 million dollars (US)**

**SECTION 1 – ORGANIZATION**

1.1. Company Name: \_\_\_\_\_

Check One: Corporation:  Partnership:  Individual:  Joint Venture:  Other:

1.2. Address \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_ Website: \_\_\_\_\_

1.3. Primary Business Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

1.4. How many years has your organization been in business? \_\_\_\_\_

1.5. Does your company have any affiliated subsidiaries? \_\_\_\_\_

If yes, please list them  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

1.6. Is your company owned or controlled by another organization? \_\_\_\_\_

If Yes, provide name of parent organization: \_\_\_\_\_

1.7. Has your company operated under previous Company names? \_\_\_\_\_

If Yes, provide previous Company names:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2 – EXPERIENCE**

2.1. Complete the chart below listing five current projects

Project Name	Owner	Architect	Start Date	Sched Completion Date

2.2. Complete the Chart below listing the 10 most recently completed laboratory furniture projects over the past three years:

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

Project Reference:

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**Project Reference:**

Name of Project	
Location	
Project Type	
Architect	
Contractor	
Owner	
Owner Telephone Number	
Start Date	
Completion Date	

**SECTION 3 – REFERENCES**

3.1. List five major corporate trade references which supply laboratory products to you (list name and phone number):

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3.2. Letters of Reference - **YOUR APPLICATION MUST BE ACCOMPANIED BY 2 LETTERS OF REFERENCE FROM THE FOLLOWING:**

**(1) A Supplier; and (2) An Architect/Lab Planner or Customer**

**In addition, a SEFA Member must complete a SEFA Member Reference Form which we will send directly to them. Please fill in the name of the SEFA Member Company that will provide this reference \_\_\_\_\_.**

**SECTION 4 – CATEGORIES OF WORK**

4.1. Please list the categories of work your firm normally performs with your own employees:

- a. Marketing \_\_\_\_\_
- b. Sales \_\_\_\_\_
- c. Design and Specification \_\_\_\_\_
- d. Project Management \_\_\_\_\_
- e. Installation \_\_\_\_\_
- f. Distribution \_\_\_\_\_
- g. Manufacturing \_\_\_\_\_

4.2. List the approximate annual percentages next to each market segment serviced by your firm over the past 5 years:

Healthcare \_\_\_\_\_%      Government \_\_\_\_\_%      Pharmaceutical \_\_\_\_\_%  
K-12 \_\_\_\_\_%      Higher Education \_\_\_\_\_%      Other types \_\_\_\_\_%

4.3. List the name of the largest project you have ever completed, the Contractor you worked for, its value and the year it was completed:

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4.4. What is your average job size: \$ \_\_\_\_\_ Largest to date: \$ \_\_\_\_\_

**SECTION 5 – COMPLIANCE**

***Under Section 3.1(c) 1. A Sustaining Member (Dealer, Installer or Distributor) Applicant shall be a company that purchases laboratory furniture and/or related equipment manufactured by others and enters into subcontract agreements to facilitate laboratory building projects or is a company that installs laboratory furniture and related equipment manufactured by others. All sustaining members must establish that they sell or install at least one (1) product made by a SEFA Executive Member that has been successfully tested to at least one (1) of the SEFA Recommended Practices.***

***Under Section 3.1(c) 2. & 3.(a) A Sustaining Member (Contract Manufacturer) is a company that designs, markets and/or assembles one or more products under its name but outsources the fabrication of its products to non-applicant owned or leased facilities. A Contract Manufacturer is required to submit a certified test report from a SEFA-approved testing facility, establishing that the applicant's product or equipment complies with at least one of SEFA's Recommended Practices in effect at the time this membership application is submitted.***

***In the event SEFA does not have a published Recommended Practice that addresses the applicant's product(s), the Board will accept independent third party testing from another recognized industry authority such as – UL; FM; ANSI BIFMA, EN, etc., with the understanding that applicant will work within SEFA's Committee structure to assist with:***

- i. expansion of the scope of a current Recommended Practice in order to incorporate their product; or***
- ii. the development of a new Recommended Practice covering their product.***

**SECTION 6 – SIGNATURE**

I, \_\_\_\_\_, attest that the information provided herein is true and sufficiently  
(Print name of Corporate Officer)

complete so as not to be misleading.

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