



Installation Experience Form

Date: _____

Name: _____ E-Mail: _____

Company Name, Company Contact, Address & Phone Number:

Please list the state or states your flooring company works: _____

How did you hear about Protect-All product and training course?

What percentage of your business is _____% Commercial _____% Residential

How many years have you installed commercial vinyl sheets? _____

How many years have you performed heat-welding? _____

Please list other manufacturers whose vinyl sheets with heat-welded seams, you currently install: _____

Please list all manufacturers certification you have earned: _____

Please list the flooring installation schools you have attended and passed? _____



Are you currently working on or have any future Protect-All projects? _____

If yes, when and where? _____

Have you previously installed Protect-All? _____ Yes _____ No

If yes, when and where? _____

Please note if you currently own the following types of heat-welding tools by listing the name brand you have:

Power Groover (Wolff/Sinclair 1500, Leister, other) _____

Heat-Welding Gun (Leister, Sinclair, Forsthoff, other) _____

Plunge Router _____ Skiving knives _____

Have you installed vinyl sheets with integral flash covered base? _____ Yes _____ No

If yes, what brands? _____

Have you installed Vinyl sheets in a commercial kitchen or any other wet environment that has Standing liquid or moisture on the floor? _____ Yes _____ No

If yes, when and where? _____

Have you installed vinyl sheets in athletic applications? _____ Yes _____ No

If yes, when and where? _____

What is the primary type of flooring are you installing on a regular basis? _____

