



**Stonecare Central Certified Partner and PRO Partner Application  
and Commitment to Professional Integrity**

Date \_\_\_\_\_  
Your Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email address \_\_\_\_\_

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Stonecare Central Certified Partners and Stonecare Central PRO Partners are qualified professionals that are committed to professional integrity and business practices from meeting their state licensing requirements to delivering superior services using only quality products to maintaining their own ongoing education and training as well as educating their customers with sound information.

I/we meet the above standard.

I/we do have a Contractors License. The number is: \_\_\_\_\_

My/our state does not require a Contractors License for my/our service type.

Please provide a list of customer references:

Customer Name	Telephone Number	Job performed

For Stonecare Central PRO Partner applicants only:

I/we have been actively in business for more than three years performing services in the category we are listed in (eg. Fabrication or Restoration)

\_\_\_\_\_  
Printed Name Title

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