



BUILDERS APPLICATION FORM

Application to be forwarded to:

LRWP Atlantic
P.O. Box 27046
Dieppe, NB E1A 6V3
Ph: 1 877 854-4432
Ph: 506 854-4432 Fax: 506 854-6330

INCOMPLETE APPLICATIONS WILL CAUSE DELAYS

A. RESIDENTIAL BUILDER

Name of Business:		Incorporation Number:	
Street Address:			
City/Town:	Province/State:	Postal Code:	
Mailing Address: if different from street address)			
Telephone Contact Numbers:			
Bus: () -	Cell: () -	Fax: () -	
Email Address:		Website Address:	

Type of Residential Builder

- | | | |
|---|--|---|
| <input type="checkbox"/> Developer | <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> Incorporated company |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> partnership | <input type="checkbox"/> Joint venture |
| <input type="checkbox"/> Project/Construction Manager | <input type="checkbox"/> limited partnership | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Other: _____ | | |

B. PRINCIPLE (S) OF THE COMPANY

Name of Principle: (Last)	(First)	Title:
Home Address:		
City/Town:	Province/State:	Postal Code:
Driver's License No.:	Date of Birth: (m/d/y)	
Telephone Contact Numbers:		
Bus: () -	Cell: () -	Fax: () -

C. PARTNERS, OFFICERS AND DIRECTORS (Ensure information is complete - including yourself)

Name	Title	Address	Telephone Number
			()
			()
			()
			()
			()

D. BUILDER AUTHORIZATION

By completing and signing this form, I am consenting to allowing Lux Residential Warranty Program Inc. to verify all information disclosed herein.

I hereby certify that the preceding information is accurate and complete to the best of my knowledge, having made the necessary enquiries. I accept and agree to comply with the provisions of the Lux Residential Warranty Program Inc. enrolment for Builders and to the governing building codes in the jurisdiction in which I intend to offer this warranty. I agree and accept that the LRWP is not an insurance policy.

Dated: (month)	(day)	(year)
Signature of Builder:		Print full name:
Signature of Witness:		Print full name:

Forward completed form with application fee to:
P.O. Box 27046, Dieppe, NB, E1A 6V3 (Fax: 506-854-6330)
Contact: Atlantic Office at 1.877.854.4432 or 506.854.4432

E. LUX RESIDENTIAL WARRANTY PROGRAM INC. APPROVAL

Dated: (month)	(day)	(year)
Signature of Approving Authority:		Print full name:
LRWP REGISTRATION NUMBER:		EXPIRY DATE: