



## **Installation & Service Technologies**

IST Certified Partner Program (ICPP) Application

**Please complete and return to:**

ICPP Team

8340 Mission Road, Ste. B4

Prairie Village, KS 66206

Phone: 913-652-7000

Fax: 913-381-2819

Email: [icpp@istservice.com](mailto:icpp@istservice.com)



## Statement of Confidentiality

*The information contained in this document will remain proprietary to Installation & Service Technologies, Inc. (IST). The information you provide will be held in strict confidence and will not, without your prior written consent, be disclosed, duplicated or used, in whole or in part, for any purpose other than evaluation by IST.*

## Expectations/Responsibilities

*Once you are approved we will provide an ICPP Company Agreement document for a detailed account of our expectations and an in-depth description of both parties responsibilities.*

## Respondent Information

*Please answer the following questions insofar as they are applicable to your business. This application is for information gathering purposes only and all responses will be considered. A phone interview will follow submission.*

### COMPANY INFORMATION

Your company name: \_\_\_\_\_

Primary contact name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Years in operation: \_\_\_\_\_

*\*A Certificate of Insurance listing IST as the additional insured is required. An updated Certificate of Insurance must be submitted upon expiration for continued eligibility.*

### DISPATCH INFORMATION/PROCESS

*Please detail the dispatch for normal business hours and after hours requests:*

Primary contact name: \_\_\_\_\_ Primary contact phone: \_\_\_\_\_

Primary contact email: \_\_\_\_\_

Secondary contact name: \_\_\_\_\_ Secondary contact phone: \_\_\_\_\_

Secondary contact email: \_\_\_\_\_

Fax: \_\_\_\_\_

Special instructions: \_\_\_\_\_



**SERVICE RATES**

Standard hourly rate: \_\_\_\_\_ After hours/emergency rate: \_\_\_\_\_

Are there any hours you will be unable to work?: \_\_\_\_\_

**SERVICE AREA/TRAVEL CHARGES**

Travel radius: \_\_\_\_\_ Miles before travel charges are incurred: \_\_\_\_\_

Please describe the parameters of your service area: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TECHNICIANS**

Number of technicians: \_\_\_\_\_

Do you perform background checks on your technicians? \_\_\_\_\_

Are your technicians bonded? \_\_\_\_\_

How are your technicians trained? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATIONS**

Please list certifications or licenses held by technician(s) employed with your company (A+, MCSE, CCNP, Low Voltage, etc).\*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please make special note if your company is licensed to pull low voltage permits.*



## COMPETENCIES

Please check if your company has worked with the following:

Point of Sale Equipment:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or more per month
Data/Network Cabling:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Wireless Drive-Thru Systems:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Printers, Scanners:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Order Confirmation Boards:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Digital Signage:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Hanging Monitors:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
CCTV/DVR Systems:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
IT Routers, Switches:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Servers, Workstations:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Self Service Kiosks:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
WiFi Hotspots:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Software Migrations:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month
Telephone Systems:	<input type="checkbox"/> Never	<input type="checkbox"/> Occasionally	<input type="checkbox"/> 3x or More Per Month

## TOOLS

Tools marked with an (\*) are tools required by IST.

Standard Tool Kit\*  Own  Do not own

*Standard tool kit includes drill, screw drivers, pliers, vise grips, crescent wrenches, hole saw, tape measure, hacksaw, claw hammer, steel fish tape, wire strippers, punch down tool for 110 (impact), crimping pliers, socket set, crimp tool (RJ45, RG58/59, fiber optic), coax stripper.*

LAN Cable Certifier  Own  Do not own

*Must have the ability to download, print and email test results*

Laptop \*:  Own  Do not own

Digital Camera \*:  Own  Do not own

Cell Phone \*:  Own  Do not own

8' – 12' Ladder \*  Own  Do not own

Volt Meter:  Own  Do not own

Impedance Meter:  Own  Do not own

Hammer Drill:  Own  Do not own

## References

### REFERENCE #1

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_ Date project performed: \_\_\_\_\_

Project description: \_\_\_\_\_

### REFERENCE #2

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_ Date project performed: \_\_\_\_\_

Project description: \_\_\_\_\_

### REFERENCE #3

Company name: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Contact email: \_\_\_\_\_ Date project performed: \_\_\_\_\_

Project description: \_\_\_\_\_