

Infrared Consultants

water, mold, and fault detection

Fax

To: MELINDA	From: IRU
Fax:	Pages: 4
Phone:	Date: 8/30/07
Re: INSPECTION SERVICES	cc:

MELINDA,

Please see attached for our Field Services Company.

THANKS,

IRU

9180 Estero Park Commons Blvd, Suite 6

Estero, FL 33928

239.333.3500 fax 239.333.3519

www.infraredconsultants.com

REFERRAL QUESTIONNAIRE: This must accompany pledge so that we can better serve requests for information

NAME OF COMPANY: INFRARED CONSULTANTS.

GEOGRAPHIC AREA/STATES COVERED: FLORIDA, GEORGIA, ILL.

AREA OF EXPERTISE:

REMEDIATOR

IAQA INVESTIGATOR: (check one or more)

- investigator/tester
- consultant
- field technician

CONTRACTOR (check one)

- General Contractor (Build-back)
- HVAC
- Plumbing

PRIMARY CONTACT: Gwen HUTTO.

SECONDARY CONTACT: ROB SCHERER

PHONE NUMBER: (239) 333 3506

WEBSITE: WWW.INFRAREDCONSULTANTS.COM

EMAIL ADDRESS OF CONTACTS: Gwen H @ Infrared CONSULTANTS.COM
RSCHERE @ INFRARED CONSULTANTS.COM

COMPANY ADDRESS: 9180 ESTERO PARK COMMONS
ESTERO, FLORIDA 33928

NOTE: (If applicable): _____

As a professional, I pledge to **stay within the areas of my expertise and training** and not venture out of that area(s) on jobs referred to me or my company by POA.

As a professional, I pledge to **utilize, if and when applicable, the services of an accredited laboratory or laboratory operating under a public university** for sample analysis for all POA referred jobs. .

As a professional, I pledge to **personally attend or send representatives of my company to attend, at a minimum, one professional conference per year** so that I am kept abreast of the latest science, products, and methods used that will impact my business.

It is understood that **POA receives no compensation for its referrals.**

It is understood that POA does not accept any memberships from anyone other than homeowners and their legal representatives and **I am hereby representing that I am not a member of POA.**

It is also understood that if more than two POA members have issued formal complaints to POA about my services and POA has reason to believe those complaints are legitimate, I (or my company) may be taken off of the POA referral list until further notice. POA will extend me (or my company) the opportunity to appeal the decision to halt referrals.

POA referrals are provided within a geographic area and the geographic region in which you operate must be provided.

The undersigned is duly authorized to enter into this pledge on behalf of the company named below:

IN FIRMED CONSULTANTS
Company

IRU KRANT, JP.
Name/Title

8/30/07
Date


Signature

Other: Please provide a brief description of services performed, geographic territory covered, email and/or telephone number for POA members to call, charge for estimates (if applicable), and any other details you feel is important. A sheet is attached.

Fax the filled out form and other information to: 888-648-8823. Thank you.

Melinda Ballard, Policyholders of America

www.policyholdersofamerica.org

person or firm which they have reason to believe is engaging in fraudulent or dishonest industrial hygiene practices.

- Industrial Hygienists shall not use statements in advertising their expertise or services containing a material misrepresentation of fact or omitting a material fact necessary to keep statements from being misleading.
- Industrial Hygienists shall not knowingly permit their employees, their employers or others to misrepresent the individuals professional background, expertise or services which are misrepresentations of fact.
- Industrial Hygienists shall not misrepresent their professional education, experience or credentials.

Other issues:

ctb It is understood that POA receives no compensation for referrals.

Initial

ctb It is understood that in order to be listed on the POA Approved Contractor/

Initial Expert list, I cannot be a member of POA and I hereby certify I am not a POA member.

The undersigned is duly authorized to enter into this pledge on behalf of the company named below:

Company Name: INFRARED CONSULTANTS Title: CIH/OT
 Date: 8/28/07 Signature: [Handwritten Signature]

Other:

1. Please provide a brief description of services performed:
IAQ INVESTIGATIONS
WRITTEN PROTOCOLS
EXPERT WITNESS

2. Territory Covered: FLORIDA, ATLANTA, CHICAGO

3. Telephone Number for POA Members To Call: 239-333-3506

4. Email Address: GWECH@INFRAREDCONSULTANTS.COM

5. Website (if applicable): WWW.INFRAREDCONSULTANTS.COM

6. Any Other Details:

