



CODE CENTRAL APPLICATION

Contractors, Architects, Designers, Consultants

LAUZON LIFE SAFETY CONSULTING

In order to effectively serve you, please provide the following information as accurately as possible.

Organization Information

Organization:

Name
Street
City/State/Zip
Main Phone #

Application Date

--

Select the Membership Level Desired		Membership Options	
Level 1	<input type="checkbox"/>	\$530	Level 1 - Access to Members Only portion of the website + Unlimited number of questions via email (max 15 min research if needed) + 10% Discount on labor
Level 2	<input type="checkbox"/>	\$1,000	Level 2 - Level 1 benefits + an additional 10% Discount on Plan Review, Construction Inspections, and Inspection Form Review (20% Total)

Contact Information

(Whom should receive emails regarding code updates, training, invoices, promotions, inspection results, etc.) List at least 2 people.

	Name	Title	Email	Phone	Cell
Primary					
Secondary					

Potential Service Needs (Indicate what services would be helpful for your organization. Check all that apply)

<input type="checkbox"/> Life Safety Plan Evaluation/Update	<input type="checkbox"/> Staff Training Online	<input type="checkbox"/> Construction Inspection	<input type="checkbox"/> Facility Survey	<input type="checkbox"/> Other (Fill in below)
<input type="checkbox"/> PM Inspection Documents/Binders	<input type="checkbox"/> Staff Training On-site	<input type="checkbox"/> Plan Review	<input type="checkbox"/> Document Review	
<input type="checkbox"/> Help After a Survey (IDR, POC, etc)	<input type="checkbox"/> Off-site Training Seminar	<input type="checkbox"/> Utility Diagrams	<input type="checkbox"/> Evacuation Plans	

How Did You Hear About Us?

<input type="checkbox"/> WHEA	<input type="checkbox"/> Internet	<input type="checkbox"/> Current Code Central Member Referral (Fill in below)
<input type="checkbox"/> Leading Age	<input type="checkbox"/> Other Method (List)	Name
<input type="checkbox"/> Other Group (List)		Name of Organization

Payment (E-mail completed form to: heather@lauzonlifesafety.com)

- Invoice We will e-mail back an invoice for the membership fee.
- Credit Card We will send you an invoice for your records and call you to take your card information. Additional fees apply.