

*We hereby certify that*

**xxx Roofing Company**

**123 Main Street**

**Anywhere, IN 12345**

*is a*

**Certified Licensed Applicator (CLA)**

*for the following systems*

- SPF Roofing Systems
- RCR Roofing Systems

*for the period of*

**January 1, 20xx to December 31, 20xx**

\_\_\_\_\_  
President

\_\_\_\_\_  
Technical Director

