

Licensed Flooring Practitioner Advisory Group Nomination Form

Name:
Company:
Contact details:
Mobile:
Email:
Sector: Installer Y/N Retailer Y/N

Installer	Tick (✓)	Retailer	Tick (✓)
Large company		Part of a group	
Small company/self employed		Independent	
Recently qualified		Uses waged installers	
Experienced/no qualification		Uses contract installers	
Regional business		Regional business	
Based in a large city		Based in a large city	

Please complete the attached form and send to kari@floornz.org.nz by **30 March 2018**.