

# NAPSA Certification



## CERTIFIED SWEEPING CONTRACTOR APPLICATION

### Purpose:

The NAPSA Certification has nine functions:

- 1<sup>st</sup>: Provide a formalized mechanism to recognize those firms operating in a professional manor and contributing to the overall image of the industry.
- 2<sup>nd</sup>: Certification can be used to enhance a firms marketing.
- 3<sup>rd</sup>: Encourage continuing education to improve the professionalism of the industry. Encourage experienced members to give back to the industry.
- 4<sup>th</sup>: Provide the groundwork for future recognition of the certification as a condition of bidding or operating on some projects.
- 5<sup>th</sup>: Certification adds value to association membership.
- 6<sup>th</sup>: To create a pool of companies, that by their practices, reduce insurance losses and therefore create the opportunity for premium savings.
- 7<sup>th</sup>: Certification establishes a yard stick for customers to measure professional practitioners. Outlining these practices aids in the fight against business in this industry that operate below the radar of ethical, legal and professional standards.
- 8<sup>th</sup>: Enhance NAPSA's ability to promote the association within the industry and to industry customers.
- 9<sup>th</sup>: NAPSA Certified Sweeping Companies" are intended to be a subset of NAPSA members seeking recognition for the experience and business practices required in the application.

# NAPSA Certification

## **General Instructions:**

Once approved, certification is good for a three-year period.

The term, Certified Sweeping Contractor, NAPSA Certified Sweeping Contractor and the Certified Sweeping Contractor Logo are copyrighted and may not be used without the express written consent of NAPSA and may be revoked at any time. Unauthorized use may be prosecuted to the fullest extent of the law.

The following forms should be typed or written very neatly in ink. Several areas require explanations, lengthy answers or samples. It is perfectly ok to list “see attached”, and enclose the appropriate documentation. All items are subject to verification and investigation.

At the end of this form we ask that you indicate how much time was involved in this process and any suggestions for improvement. This certification process is by design, intended to evolve. The process and documents required will change over time as NAPSA continues to improve and stream line. This form which indicates the current year above, will be the requirements for your firm for the duration of your three-year term. In essence you will be grand fathered in. At the end of the three years, renewal applications must meet the standards established at that time. Please see the NAPSA web page for the most current version. Submissions not meeting the current guidelines may be returned.

The information you provide is considered confidential. Access to the information is limited to a need to know basis, i.e. the NAPSA board, certification committee and NAPSA staff. However, sample forms, practices, logs or check off sheets may be compiled as anonymous samples to add to the NAPSA library. If you feel any of the items or answers submitted are proprietary and you wish them to remain confidential, simply write “confidential – do not distribute” clearly on the form.

Specific instructions are included for each question as an aid to completing the application. The samples are included as ideas only. Your answers may vary greatly as to content and form.

This document may at times refer to the personnel that operate the sweepers (equipment) as either drivers and/or equipment operators. The terms are used interchangeably and intended to be the same.

# NAPSA Certification



## Certified Sweeping Company Application

Firm Name a

DBA b

Firm Physical Address c

Firm Mailing Address d

Other Locations:

Phone Numbers e

Fax Numbers f

Web page g

E-mail address h

Is this a parent or subsidiary of another firm? Yes  No  (if yes, please give brief explanation) i

j Corporation  LLC  Partnership  Sole Proprietorship  Other \_\_\_\_\_

k Owners, officers or partners of firm:

l Contact person for this application:

To be completed by NAPSA Staff

Application # \_\_\_\_\_

Paid through date \_\_\_\_\_

Good Standing? Yes No

Member 24 months? Yes No

1a: Have you been a member in good standing of NAPSA for the past 24 months? Yes  No

1b: Has the above firm been operating sweepers for hire continuously for the last five years? Yes  No

2a: During the last 12 months or the last fiscal year-end for this firm, has sweeping accounted for at least 51% of the firm revenue or a minimum of \$500,000 of gross income? Yes  No

2b: Do you perform 100% of the sweeping services your company provides in-house? Yes  No  If not, what percentage do you provide in-house? \_\_\_\_\_

How do you ensure your subcontractor's comply with Certified Sweeping Company Standards?

*Note: If your firm meets the requirements in #1a and #1b but does not meet the gross revenue requirements on #2, you may still be eligible for certification. You must have attended NPE and a NAPSA Best Practices session at least 2 of the last 3 years.*

# NAPSA Certification

3: Type of sweeping you have done for hire in the past 12 months?

Parking Lot     Municipal     Construction     Road Work     Industrial

Other \_\_\_\_\_

4: List a member of the management team with 5 years management experience in the sweeping for hire industry or list a combination of members to total 7 years management in the sweeping for hire industry.

5: List industry specific continuing education: At least 2 hours in the last 36 months (i.e. NAPSA, APWA, Pavement Maint. or trade show/educational seminar of similar or equivalent content) Please complete with dates and course.

# NAPSA Certification

## Employee practices:

6: All equipment operators must receive pre-employment driving record checks to verify minimum standards. MVR (motor vehicle records) must also be reviewed annually. Please describe method of verifying minimum standards used by your firm. (check one, or describe alternative method)

Potential operators must produce a "state printed" original driving record of at least three , five , ten  years.  
Alternative method:

If records are check by the firm insurance company, how many years back do they look? \_\_\_\_\_

7: How are driving histories monitored or at least checked annually?

8: Our firm has adopted the following minimum driving record standards for new hires.

9a: Our firm has adopted the following ongoing minimum driving record standards for our drivers.

9b: Describe consequences and or procedures your company follows when a driver gets a ticket or has an accident that causes his record to exceed the minimum requirements.

10a: Our firm requires a pre-employment drug screen of all CDL Operators to at least Federal DOT requirements.  
Yes  No  N/A No CDL Operators   
Please attach copy of sample lab report. (block out any identifying operator name or number)

10b: Our firm requires a pre-employment drug screen of all non-CDL Operators to either Federal DOT requirements or by using company administered drug testing kits. Yes  No  N/A all operators are CDL

11: All our operators/drivers meet all applicable Federal and State DOT (driver qualification) regulations and requirements for the vehicles they operate. Yes  No

12: Our operators receive a minimum 20 hours of actual in truck training prior to operating vehicle of 10K lb. or less.  
Yes  No  Describe training:

13: Our operators receive a minimum 40 hours of actual in truck training prior to operating vehicle of 10K lb. or more.  
Yes  No  Describe training:

14: Do you annually evaluate each operator at least 4 hours under actual conditions? Yes  No   
Describe method:

15: Our firm conducts documented safety discussion/reminder/meetings at least quarterly. Yes  No   
Please attach representative sample outline, topic or agenda, including attendance record dated within the last 90 days.

# NAPSA Certification

## Business Practices:

16: Do you have a dedicated phone line that is answered by staff, automated answering device or answering service?

Yes  No  If different than primary number listed in item "E", please list here:

17: Are you a Signatory to the NAPSA Code of Ethics? Yes  No  Please sign & attach.

18: Does your firm maintain all appropriate State, County, City Business Licenses and contractor license? (If required by your local area)" Yes  No  Include list of licenses needed in your area.

## Vehicle Practices:

19: Do all vehicles used by your firm receive a thorough annual inspection for safety and road worthiness conducted by an appropriately trained mechanic? Yes  No

20: Does your firm maintain vehicle maintenance and repair logs to record repair and maintenance work done with date and mileage and/or hours? Yes  No  Include three sample pages.

21: To the best of your knowledge, does your fleet meet all applicable Department of Transportation (vehicle related) regulations and requirements? Yes  No

22: Do all work trucks and sweepers receive pre-trip inspections (walk-a-round) prior to each trip, and is this a written check list signed and dated by the person performing the inspection? Yes  No  Please attach sample check list.

23: Are all maintenance Logs & inspection sheets kept a minimum of 3 years. Yes  No   
Include three sample pages from three years ago.

24: Does your firm have a policy that "any and all accidents involving other parties, injury, lost time, or property damage above \$500 shall be investigated by supervisor or management level personnel, with written documentation.  
Yes  No

25: Are all your sweepers clearly identified with the company name, as listed on this application, in letters at least 2 inches high? Yes  No  Include photo sample and full fleet photo.

# NAPSA Certification

## Insurance:

26: Does your firm carry vehicle and liability insurance with minimum limits of \$2,000,000? Yes  No   
Please attach sample certificate.

27: If your firm has employees, do you carry workers compensation insurance that meets your states requirements?  
Yes  No  Please attach sample certificate.

28: If your firm uses independent contractors or subcontractors to perform sweeping operations, do you require them to carry insurance with at least the above limits? Yes  No

## Other:

29: Approximately how long did it take to complete this application? \_\_\_\_\_

30: Suggestions and comments are welcome.

31. Would you be interested in participating on a NAPSA committee (Legislative, Regulatory, Certified Sweeping Company, Benefits, Mentoring, Education/Marketing/Web, or Environmental) or Board of Directors and if so which one?

32. Would you like information on CSC decals and merchandise? Yes  No

# NAPSA Certification

## Declarations:

I understand and agree that this document is only an application, and permission to use the title of NAPSA Certified Sweeping Contractor may only be given in writing, signed by both the current President of NAPSA and at least one other board member.

I understand and agree that the use of the term Certified Sweeping Contractor and/or the Certified Sweeping Contractor Logo is by special permission of NAPSA. If at any time my firm is no longer recognized as a Certified Sweeping Contractor, we will immediately discontinue use of the title and logo. While print media such as Yellow Page advertising must wait for the next issue for removal, letterhead, business cards, web pages, brochures and other stationary containing the title or logo, must be discontinued within 60 days regardless of stocks on hand.

I understand the current requirements are subject to change at the time of renewal. A renewal application and renewal fee, will be required at that time.

I understand the application fee, less \$50, will be returned if my application is declined. I further understand and agree that once my application is approved, should the title Certified Sweeping Contractor be rescinded for any reason, the entire application fee will be forfeited and no refund will be given.

By placing my signature below, I certify the statements made on this application are a true and correct representation of my firm's practices. I also certify that for the duration of this three-year certification, those practices will remain in place so that my firm will at all times qualify for Certification.

---

Name of Firm

---

Signature of Owner, Officer or Partner

---

Date

Please mail or deliver application & attachments to NAPSA in a full size envelope so the items will not be folded.

Include application fee of \$300 payable to *North American Power Sweeping Association*.

NAPSA  
136 South Keowee Street  
Dayton, OH 45402  
Phone (888) 757-0130  
Fax (937) 222-5794  
[www.powersweeping.org](http://www.powersweeping.org)



# NAPSA Certification

## INDEMNIFICATION and HOLD HARMLESS

In making this application, I understand that the program is entirely voluntary and NAPSA assumes no responsibility for any loss or disadvantage, real or imagined, that may result from disapproval of the application, or the approval of any other firm.

I authorize NAPSA to make inquiries regarding the qualifications and practices claimed in the application. I understand NAPSA may use sources other than those listed on the application to verify claims made.

I hereby release from any liability all persons and entities who provide information concerning my firms qualifications for the certification requested.

I understand and agree that NAPSA makes no warranties or claims regarding the conduct or performance of any NAPSA Certified Sweeping Contractor. I personally and on behalf of the Company, agree not to misrepresent the Company's status as a Certified Sweeping Contractor and its meaning.

I further agree to personally and on behalf of the Company, to waive any and all claims of liability or responsibility and to indemnify and hold harmless NAPSA, its directors, officers, committee members, employees, agents and representatives against any and all claims made by or on behalf of any person, partnership, association or corporation for any act, decision or omission in connection with this application or issuance or non-issuance of a certification.

I further agree that NAPSA, its directors, committee members, employees, agents or representative are not liable to me, or to any other person, company or association, in any way for actual or imagined injury, damages, or claims, alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal, or termination of any certification issued by NAPSA.

I hereby certify that I am authorized by the Company to agree to the above indemnification and hold harmless.

---

Name of Firm

---

Signature of Owner, Officer or Partner

---

Date

---

Name & Title

# NAPSA Certification

**Detailed Instructions:**

Item #	Instructions
A	Full legal name of firm applying for certification.
B	Common or publicly known name of firm applying for certification. Leave blank if same.
C	Primary location from which this firm conducts business and additional locations, can be home office or shop. May not be private mail drop, off shore or virtual office.
D	Only needed if different from "C". May be P.O. Box or private mail drop.
E	Primary phone number promoted to customers.
F	Fax Number – optional
G	Web page
H	E-mail address for correspondence regarding this application, not necessarily the published company address.
I	Circle the appropriate answer. If Yes, describe relationship. (Not all relationships qualify for certification. Rather than create extensive guidelines, NAPSA will review on a case-by-case basis.)
J	If not one of those indicated, please list.
K	List those comprising at least 51% share of ownership. Minor shareholders need not be included. Subsidiaries require special consideration, briefly explain ownership.
L	Person to whom correspondence & questions regarding this application should be addressed.

In general, all "Yes or No" questions must be answered Yes to be eligible for Certification. Where requested, sample documents and explanations are required.

- 1a: You must answer "Yes" to be eligible for NAPSA certification.
- 1b: You must answer "Yes" to be eligible for NAPSA certification.
- 2: You must answer "Yes" to be eligible for NAPSA certification. (Note: you must meet one OR the other)
- 3: Circle sweeping done to meet requirements of question #2. This is an informational question that will be compiled from all applications.
- 4: Enter brief descriptions to satisfy requirements listed in this question (remember this is management experience)

Question #4 Sample:

Name	Years	Description of experience
Joe Sample	14 years	8 years as forman of North Coast Sweeping 6 years as owner of Bent Brush Sweeping
<i>or</i>		
Manny Gutter	2 years	1 year as trainer for ABC Sweep, 1 year owner of My Sweep Co.
Mo Gutter	2 years	1 year forman for ABC Sweep, 1 year owner of My Sweep Co.
Jeff Gutter	2 years	3 years public works supervisor of sweeping, 2 years My Sweep Co.

5: Enter brief descriptions to satisfy requirements listed in this question. For NAPSA, APWA & Pavement Mant. simply list month, City & seminar attended. **For other seminars, attach outline or course description.** Attendees must be on the management team for the firm requesting certification.

Question #5 Sample:

Name	Date	Description	Hours
Jeff Gutter	9-21-02	NAPSA – Kansas City –Kraig Kramers seminar	4 hours
Joe Sample	7-16-02	APWA regional meeting on fleet maintenance practices	1.5 hours
Joe Sample	12-14-01	NE Conference on Storm Water Issues (Sweeping as BMP)	1 hr. <b>(see attached)</b>

6: Each state has its own method to ensure you are reviewing an authentic "state printed" driving record. Some use a watermark or other official state paper. If you use a service or your insurance broker pulls the records from the state data base, this qualifies as "state printed". Applicants producing documents that can not be verified to be authentic

# NAPSA Certification

are not acceptable. Three years of activity is the minimum. If you use longer, please indicate. This may be enhanced in the future.

7: Possible options include a “pull notice” service or quarterly or annual MVR reports from your insurance broker.

8: Prior to employing someone or promoting them from a non-driving position to a driving one, list or describe your minimum standards. These could be those published by your insurance carrier. NAPSA has a sample you may use as is or modify. Simply listing “good record” or “valid license” or “approved by insurance company” is not acceptable. For Certification a much higher standard is expected.

9a: The same as question 8, except for current operators/drivers. If/when an operator exceeds the minimum standards operator must be ineligible to operate/drive company motor vehicles.

9b: Normally a driver would need to be fired or transferred to a non-driving position. If you have some other method of rehabilitation or 2<sup>nd</sup> chance program, list it here for consideration.

10a: It is critical that the copy of the sample lab report not be identifiable to an individual (including identifying numbers).

10b: Your drug tests can be either DOT type or in-house tests for this class of driver. No sample test result is required, just list brand of tests used. (note: some form of pre-employment drug testing is required for all operators)

11: States vary in their requirements and regulations are different for each class, size or type of vehicle. This question asks you to confirm employees meet all the regulations required in your geographic area of operation and for the vehicle(s) they operate.

12: Briefly describe your firms minimum training before an employee may operate the equipment solo. Only actual “in truck” or “on the job training” can be used to meet the minimum 10 hours required. Note: Most NAPSA members agree 20 hours is just the beginning of an operators training. Training is ongoing and continuous.

Sample: Trainee must ride with experienced operator a minimum of three shifts. Two of those shifts Trainee is actually doing the driving/work, with trainer observing. Supervisor or owner will visually review and evaluate progress. A ten page outline (check list, manual etc.) is used to ensure all items are covered. Items include: safe vehicle operation, personal safety, injury prevention and quality of work expectations.

13: Same as #12 with higher standards.

14: After training, describe your method to ensure safety and quality practices are maintained.

Sample: Supervisor as part of his normal routine visually observes each operator at least monthly and on a random basis. Operator receives a score card outlining areas needing improvement and positive feedback.

15: Safety meetings need not be company wide, all employee meetings. However, each employee must receive safety training, even if on an individual basis, at least quarterly.

16: This refers to a phone number customers would use to contact your company. This would not include a home or residential number shared by the business.

17: The NAPSA Code of Ethics is included as the last page of this packet. . Please sign, date and return with this packet.

18: Each state and local government has it's own requirements. Some are more stringent than others. All that is required is that you meet the requirements for your geographic area of operation. In order to verify other contractors in your area applying for certification also meet the same requirements, please list those required of sweeping contractors.

19: This can be similar to the federal DOT form or an in-house list of inspection items tailored to the specific equipment. “Appropriately trained”, could be yourself or staff mechanic, assuming you or they have the knowledge or necessary experience.

# NAPSA Certification

- 20: Logs need not be computerized or even typed. It is assumed the logs will be dirty and “shop” used. Attach a three page representative sample.
- 21: Refers to regulations and requirements that apply to your specific vehicles.
- 22: Not required of passenger cars or pick-ups. Pick-ups with sweepers or special equipment do apply.
- 23: In the event of litigation, these logs should be available to show proper maintenance and inspection. It is assumed the logs will be dirty and “shop” used. Attach a three page representative sample of logs from three years ago.
- 24: Written documentation can be as simple as hand written notes placed in an employee file and/or vehicle log.
- 25: “Clearly identified”, would include both Left & Right side and/or the back of the sweeper. Note: Other company vehicles are not required to have company name on the vehicle, only the sweepers. Please attach a sample photo showing one of your sweepers. The photo can be color or black & white. Feel free to use the print out of a digital photo, a brochure, Polaroid or film snapshot.
- 26: These are minimum limits.
- 27: Owner operators can simply list as “not applicable”.
- 28: Only applies to sweeping operations. Not required of other services you may subcontract.
- 29: Include the time required for the assembly of the various documentation required.
- 30: Be as brief or as elaborate as you wish.
- 31: Be as brief or as elaborate as you wish. Your thoughts are appreciated.

## **List of attachments needed with application:**

- Declarations page
- Indemnification and Hold Harmless
- Application: 4 pages
- Question 5: Seminar outline (only needed if not NPE, APWA or NAPSA)
- Question 10: Sample lab report
- Question 17: signed NAPSA Code of Ethics
- Question 15: Sample Safety meeting agenda w/ attendance record
- Question 20: Three pages from current repair logs
- Question 22: Sample pre-start check list
- Question 23: Three pages from repair log from three years ago
- Question 25: Individual sweeper photo showing company name and total fleet photo.
- Question 26: Insurance certificate – Vehicle & Liability
- Question 27: Insurance certificate – Workers Compensation
- Application Fee

# NAPSA Certification

## NAPSA Code of Ethics

### **Preamble**

Members of the North American Power Sweeping Association (hereinafter "NAPSA") are dedicated to the highest standards of professionalism, integrity and competence. Recognizing their responsibility to their customers, employees and the public, signators to this document pledge to follow these guidelines in their business and professional conduct.

### **Canon I**

#### **General Obligations**

- Will conduct their business and professional activities with honesty, integrity and project a professional image in all endeavors.
- Will neither take nor recommend any action knowing such action to be in violation of any law, regulation, ordinance or a threat to public health or safety.
- Will ensure truthful and non-deceptive advertising and be prepared to substantiate any claims or offers.

### **Canon II**

#### **Client Obligations**

- Will ensure proposals are complete and accurately describe service/products to be rendered.
- Will maintain reasonable insurance to protect and defend clients from loss resulting from our direct actions.
- Will keep clients informed of business practices regarding their accounts including debris/waste disposal, equipment type, chemical use and regulations affecting the work for that client.
- Will appropriately disclose to customers the use of subcontractors or independent contractors, when their use goes beyond minimal or auxiliary services.
- Will have established procedures for the fair and prompt resolution of any claim or dispute.
- Will honestly inform customers of any known shortfall in our agreed scope of work, hopefully prior to the customers discovery.

### **Canon III**

#### **Employee Obligations**

- Will endeavor to provide employees with a safe working environment.
- Will endeavor to adequately train employees to safely and productively perform their assigned tasks.
- Will ensure employee payroll issues are handled in strict compliance with federal and state law.
- Will ensure employment laws regarding hiring, firing, discipline, discrimination and workers compensation are strictly followed.

### **Canon IV**

#### **Safety Obligations**

- Will provide ongoing safety training and awareness for our employees.
- Will make safety a driving force in our operations to help protect our employees, customers and the public.
- Will adequately equip and maintain our vehicles and equipment with appropriate safety devices.
- Will rigorously inspect and maintain our vehicles and equipment for safe and effective operation.

### **Canon V**

#### **Professional Obligations**

- Will further the profession by supporting the objectives and programs of NAPSA.
- Will strive to improve and update our professional knowledge by continuing education and study.
- Will share with the profession new information as it relates to the betterment of the industry.
- Will cooperate with other members and industry professionals, and work with them to advance the common business and professional interest within the sweeping industry.
- Will use every opportunity to improve the public understanding of professionalism in the sweeping industry.

---

Company Name

---

Signature

---

Date

---

Name & Title