



International Kitchen Exhaust Cleaning Association Authority Having Jurisdiction (AHJ) Membership Application

AHJ Membership - Defined as publically funded officials with authority to set and regulate local standards on kitchen exhaust cleaning and inspection. There is no membership fee for member type; AHJs do not have voting privileges.

Member Information (please print clearly or type)

Name:			
Title:			
Email:			
Phone:			
Organization Name:			
Mailing Address:			
City, State/Province, Zip:			
Are you interesting in joining our AHJ Committee?:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please send me more information		
Referred by?:	Name:	Company:	

Jurisdiction Questions

Does your jurisdiction currently require certification to conduct kitchen exhaust cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your jurisdiction currently have a licensing program in place for kitchen exhaust cleaners?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Which codes/standards does your jurisdiction follow?	<input type="checkbox"/> NFPA 96 Year: _____ <input type="checkbox"/> IFC/IMC <input type="checkbox"/> ANSI/IKECA C10 <input type="checkbox"/> Other If other, please specify: _____

Verification

By signing below, I certify that all information contained in this application is true and accurate to the best of my knowledge. I authorize the International Kitchen Exhaust Cleaning Association, its officers, directors, committee members, and agents to review my application, and I will cooperate fully in such review. I will submit to IKECA such documents and information deemed necessary to confirm the information in this application. All documents submitted to IKECA are the property of IKECA and will not be returned to me. I acknowledge that I have read and understood this information, the [IKECA Code of Ethics](#) and agree to abide by these terms and rules. I have read and understood the [Membership Policies and Procedures](#) and [Bylaws](#) and grant IKECA permission to opt me into future communications including email and phone.

UNTIL SUCH A TIME THAT MY MEMBERSHIP IS APPROVED, I ACKNOWLEDGE THAT I AM NOT CONSIDERED A MEMBER OF THE ASSOCIATION AND HAS NO CLAIM TO SUCH DESIGNATION OR ANY BENEFITS NOTED HEREIN, INCLUDING ANY USE OF THE IKECA LOGO IN ANY FORM, OR OTHER ANCILLARY BENEFITS.

Signature:	Date:
Name (print):	Title: