CFESA®

Commercial Food Equipment Service Association

Company Certification

Revised 2018

Introduction

The CFESA Mission Statement clearly defines our service industry direction when it states, "CFESA anticipates trends and provide resources, training and education to support excellence in service."

Toward these end results the CFESA Board has delineated a clear and concise set of criteria which was:

1) Developed directly from its members;
2) Relevant and timely;
3) Reasonable and realistic for all Voting Members; and
4) Measurable and specific.

In order to become a CFESA Certified Company, agressive planning, training, coordinating and organizing will be a required. Only then will total recognition be given for this prestigious achievement.

It is therefore in the best interests of all CFESA Voting Service Companies, regardless of size, resources, location, or philosophy, to become a:

CERTIFIED CFESA® COMPANY

MISSION

The Mission of the CFESA Company certification process is to provide a benchmark for all service companies, regardless of size, to strive to achieve. In meeting the qualifications of CFESA Certification, the service company will create a discipline for all its employees to focus on professionalism and customer service.

This will ultimately increase customer satisfaction and awareness, and therefore, create demand. In addition, this certification conveys to the foodservice industry that a CFESA Certified Company continually raises the standards for achieving excellence and quality customer service.

Mailing Address for Submitted Material:

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CFESA Company Certification

#	Area	Description	Minimum Standards	Documentation Process/Requirements	Links to Forms	Points	Extra Points
1	Prerequisite	National Conference	Attend the CFESA National Conference during the year of application.	Provide proof of attendance. Example: copy of registration, copy of conference name tag, photo of company representative at the conference.		N/A	N/A
2	Prerequisite	Financial Reference	Have a commercial banking relationship with your financial institution.	Have your financial institution provide completed form directly to CFESA.	PRE-02	N/A	N/A
3	Prerequisite	Insurance Coverage	Have minimum insurance coverage as follows: a) $1,000,000 General Liability b) $1,000,000 Auto Liability c) $1,000,000 Umbrella d) Worker's Compensation e) Disability	Have insurance carriers provide proof of coverage directly to CFESA.		N/A	N/A
4	Prerequisite	Recognized Business Entity	Be a recognized business entity for at least 36 months with no Chapter #7 or Chapter #11 Bankruptcy filings.	Submit completed notarized form.	PRE-04	N/A	N/A
5	Prerequisite	Be a foodservice equipment service entity	Have at least 75% of your sales volume derived from commercial parts and service.	Submit completed notarized form.	PRE-05	N/A	N/A
6	Prerequisite	Provide service on commercial gas, steam, electric, electronic and/or refrigeration equipment	Advertise, promote and conduct gas, steam, electric, electronic and/or refrigeration services to your customer base.	Submit line card, advertising literature and notarized form.	PRE-06	N/A	N/A
7	Prerequisite	CFESA Voting Member in good standing	Have all CFESA finances totally current with CFESA Headquarters.	CFESA will verify.		N/A	N/A
8	Prerequisite	Letters of recommendation	Have 8 recommendations from within the industry from end users, reps, dealers and/or equipment manufacturers.	Submit 8 letters of recommendation using CFESA Form.	PRE-08	N/A	N/A

#	Area	Description	Minimum Standards	Documentation Process/Requirements	Links to Forms	Points	Extra Points
9	Prerequisite	Certifications for Technicians	Have **one CFESA certification** each for 90% of technicians who have been employed by your company for 5 or more years and who are actively responsible for the repair of commercial cooking and/or refrigeration equipment.	Forward copies of certificates and completed form.	PRE-9&TNG-15	N/A	N/A
10	Prerequisite	Manufacturer Training	Have at least **two manufacturer training certificates** for each technician who installs, repairs or conducts planned maintenance of commercial cooking and/or refrigeration equipment, and who has been employed by your company for 3 or more years.	Forward copies of certificates and completed form.	PRE-10&TNG 18	N/A	N/A
11	Finance	Positive credit rating	Have 8 suppliers/vendors vouch for company's credit worthiness.	Have 8 suppliers/vendors provide a credit rating report directly to CFESA using form.	FIN-11	6	
12	Finance	Parts inventory	Have 8 equipment manufacturers, end users, manufacturer representatives or equipment dealers testifying that the company maintains an adequate parts inventory.	Have 8 equipment manufacturers, end users, manufacturer representatives or equipment dealers complete form.	FIN-12	12	
13	Training	CFESA Members	Have at least one employee attend the **CFESA Management Program** within the last 5 years.	CFESA will verify.		6	
14	Training	Extra	Have two or more employees attend the **CFESA Management Program** within the last 7 years.	CFESA will verify.			2
15	Training	Certifications for Technicians	Have at least **2 CFESA certifications** each for 90% of your technicians who have been employed by your company for 5 or more years and who are responsible for the repair of commercial cooking and/or refrigeration equipment.	Forward copies of certificates and completed form.	PRE-9&TNG-15	12	

#	Area	Description	Minimum Standards	Documentation Process/Requirements	Links to Forms	Points	Extra Points
16	Training	CFESA Training School	Have at least 2 certificates for your company from any **CFESA training school** within 5 years of application.	Forward copies of certificates and completed form.	TNG-16 & TNG-17	5	
17	Training	Extra	Have at least 4 certificates for your company from any **CFESA training school** within 5 years of application.	Forward copies of certificates and completed form.	TNG-16 & TNG-17		3
18	Training	Extra	Have at least 4 **manufacturer training certificates** for 100% of your technicians who have been employed by your company for 5 or more years.	Forward copies of certificates and completed form.	PRE-10 & TNG-18		3
19	Training	CFESA Master Technicians	25% of your technicians with 5 or more years of field experience, who are responsible for the repair of commercial cooking and/or refrigeration equipment, are **CFESA Certified Master Technicians.**	Submit completed form.	TNG-19 & TNG-20	6	
20	Training	Extra	50% or more of your technicians, with 5 or more years of field experience, who are responsible for the repair of commercial cooking and/or refrigeration equipment, are **CFESA Certified Master Technicians.**	submit completed form.	TNG-19 & TNG-20		6
21	Participation	CFESA Profit Survey participation	Must have participated in the most recent Profit Survey.	CFESA will verify.		6	
22	Participation	CFESA logo	Display the CFESA logo on all of the following: a) Company letterhead, business cards and invoices; b) Web site (with a CFESA link) and; c) Company service vehicles and technician uniforms	Submit photographs and copies of literature depicting use and display of the CFESA Logo.	CFESA Graphic Standards	6	
23	Participation	Extra	Your company promoted and displayed **CFESA logo/literature in your company booth** during approved trade shows.	Provide proof in the form of photos and a participation list from the trade show.			2
24	Participation	CFESA Regional Meetings	Attend at least one **CFESA Regional Meeting** in the past 12 months.	CFESA will verify.		5	

#	Area	Description	Minimum Standards	Documentation Process/Requirements	Links to Forms	Points	Extra Points
25	Participation	Extra	A representative from your company attended **all national CFESA conferences** in the past 3 years.	Provide proof of attendance. Example: copy of registration, copy of conference name tag, photo of company representative at the conference.			2
26	Participation	CFESA participation	**Publish** an article in the CFESA magazine or any other industry publication within the past 24 months. CFESA must be promoted in the article.	Provide copy of article; or for CFESA magazine, CFESA will verify.		6	
27	Participation	CFESA participation	A representative from your company actively participated on a **CFESA committee or task force** for 12 months, or chaired/co-chaired a CFESA committee within the past 24 months.	Provide letter of participation from committee chair. Active participation is defined as attendance of at least 2/3 of the scheduled meetings.		6	
28	Participation	Extra	Provide a **trainer** for a national or regional CFESA training class during the year of application.	CFESA will verify.			2
29	Participation	CFESA participation	Serve as a **CFESA board member**, within the past five years.	CFESA will verify.		4	
30	Participation	CFESA Representation	Represent CFESA within the past five years as a **guest speaker** at a CFESA conference or at an allied association meeting (after having been recommended by CFESA). Allied associations include: FCSI, FEDA, MAFSI, NAFEM, NRA, & RFMA.	Provide verification letter from Allied Association, (these associations include: FCSI FEDA MAFSI NAFEM NRA RFMA) or CFESA will verify.		6	
31	Participation	CFESA Representation	Coordinate a CFESA regional meeting/workshop within the past five years.	CFESA will verify.		6	
32	Industry Relations	Planned or preventative maintenance programs (PM Programs)	Have an active and current standardized **PM Program** in place and available to your customer base.	Submit standardized PM Program documentation.		2	
33	Industry Relations	Customer Feedback System	Have an active and current standardized **Customer Feedback System** in place.	Submit Customer Feedback results.		8	

#	Area	Description	Minimum Standards	Documentation Process/Requirements	Links to Forms	Points	Extra Points
34	Industry Relations	Parts and service warranty	**Warrant your service work** to your central customer base for at least 90 days, along with the parts you sell and/or install, according to the manufacturer's parts warranty. (Service and parts warranty not applicable if customer supplies parts.)	Submit notarized form.	IND-34	10	
35	Industry Relations	Industry Involvement	A company representative is or was a CFSP, a Young Lion, a Top Achiever with FES, a Board Member or an active Committee Member of the listed allied associations, either nationally or regionally within 5 years of application. Allied Associations include: FCSI FEDA MAFSI NAFEM NRA RFMA.	Submit notarized form.	IND-35	3	
36	Professionalism	Mission Statement	Post the current company **mission statement** in all company locations.	Provide a copy of the company mission statement.		4	
37	Professionalism	Technology	Have company website with e-mail capabilities.	Provide website address and sample of e-mail addresses.		4	
38	Professionalism	Service availability	Provide 24 hour service, 7 days per week, 365 days per year to customer base.	Submit documentation from 12 end users, dealers, manufacturer representatives or manufacturers, use form.	PRO-38	8	
39	Professionalism	Human Resources Manual	Have a current, written human resources policy manual, signed by the president, which contains a drug testing policy. Special Note: This requirement must be in compliance with national/local laws within the company's jurisdiction.	Submit notarized form.	PRO-39	3	

#	Area	Description	Minimum Standards	Documentation Process/Requirements	Links to Forms	Points	Extra Points
40	Professionalism	Nontechnical employee education	Each (non-tech) full-time employee who has been employed by your company for more than six months, must complete a continuing education course or seminar within the past 3 years on: computers, administration, finance and accounting, marketing, sales, purchasing, supervision, technical fields, public relations, leadership, safety, human resources, management, or similar topic.	Provide a list of nontechnical employees indicating continuing education completed, and submit copies of certificates.	PRO-40	8	
				Points Needed		**130**	
				Points Available		**142**	
				Extra Points Available			**20**
				Grand Total of Point Available		**162**	

CFESA COMPANY CERTIFICATION STANDARD FORM PRE-02

_____ **Bank and** _____

Company have been engaged in a financial relationship for the past 12 months.

_____**Company maintains its operating account in accordance with proper professional business principles and all known legal requirements.**

_____

NAME, BRANCH MANAGER

_____

Financial Institution

CFESA COMPANY CERTIFICATION FORM PRE-04

_____**Company has officially been in the foodservice industry as a legal entity for the past 36 months. This legal entity is neither currently filing for, nor has ever filed for, Chapter 7 or Chapter 11 bankruptcy.**

_____Company

_____Company Officer

(Print Name)

_____

(Signature)

_____Date

Note: THIS NOTARIZED STATEMENT MUST BE SUBMITTED WITH PACKET.

Notary Signature: _____

Date: _____

CFESA COMPANY CERTIFICATION FORM PRE-05

_____ **Company attests to the following sales history without exception: At least seventy-five percent (75%) of our business sales volume has been achieved through commercial food equipment service and/or commercial parts sales every year for the past three (3) years.**

_____Company

_____Company Officer

(Print Name)

_____

(Signature)

_____Date

Note: THIS NOTARIZED STATEMENT MUST BE SUBMITTED WITH PACKET.

Notary Signature: _____

Date: _____

CFESA COMPANY CERTIFICATION FORM PRE-06

_____ Company provides service on commercial gas, steam, electric, electronic and/or refrigeration equipment to our entire customer base. These services are advertised and promoted as seen in the attached company literature.

_____ Company

_____ Company Officer

(Print Name)

_____

(Signature)

_____ Date

Note: THIS NOTARIZED STATEMENT MUST BE SUBMITTED WITH PACKET.

Notary Signature: _____

Date: _____

CFESA COMPANY CERTIFICATION FORM PRE - 08

I personally recommend and attest that _____Company provides continuous and reliable service. I can also personally recommend and attest to the professionalism of all technicians employed by_____Company

_____ Company

_____ Company Officer
(Print Name)

_____
(Signature)

_____ Contact Phone Number

_____ Date

CFESA COMPANY CERTIFICATION FORM PRE - 9 & TNG - 15

(Combine the required information for both PRE 9 and TNG 15)

I certify the technicians' status of

_____as follows:

(Company Name)

(Please print or type)

Technician Full Name (Nick Name)	**CFESA Tech #**	**Hire Date**	**CFESA Certification**	**CFESA Certification**

Add more pages as needed.

CFESA COMPANY CERTIFICATION FORM PRE-10 & TNG-18

Company Name:

Technician Name	Hire Date	Date of Training	Manufacturer and Type of Training	Date of Training	Manufacturer and Type of Training	Date of Training	Manufacturer and Type of Training	Date of Training	Manufacturer and Type of Training

Add more pages as needed.

CFESA COMPANY CERTIFICATION FORM FIN – 11

_____ **company has an open account with our company and has maintained and currently maintains this account in accordance with proper and professional business terms and conditions.**

_____ Company

_____ Company Officer

(Print Name)

_____

(Signature)

_____ Contact Phone Number

_____ Date

CFESA COMPANY CERTIFICATION FORM FIN – 12

We have done business with _____ company for at least the past 36 months and can attest to the fact that they have an adequate parts inventory which supports our urgent needs and necessary requirements. This is one of the reasons we continue to use _____ company and view them as a professional service and or parts provider.

_____ Company

_____ Company Officer

(Print Name)

_____

(Signature)

_____ Contact Phone Number

_____ Date

CFESA COMPANY CERTIFICATION FORM TNG – 16 & TNG – 17

Company Name:

Technician Name	CFESA Training	Date

CFESA COMPANY CERTIFICATION FORM TNG - 19 & TNG - 20

I certify the technicians' status of

_____as follows:

(Company Name)

(Please print or type)

Technician Full Name (Nick Name)	CFESA Tech #	Years of Field Experience	CFESA Certified Master Technician (yes/no)

Add more pages as needed.

CFESA CERTIFIED COMPANY FORM IND–34

_____ **Company warrants all service work performed for at least 90 days, to its entire customer base, and the parts sold and/or installed warrantied according to manufacturers' requirements. This minimum guarantee is promoted and made public on a regular basis to our entire customer base.**

_____ Company

_____ Company Officer

(Print Name)

_____

(Signature)

_____ Date

Note: THIS NOTARIZED STATEMENT MUST BE SUBMITTED WITH PACKET.

Notary Signature: _____

Date: _____

CFESA COMPANY CERTIFICATION FORM IND – 35

(Name)_____OF _____**(COMPANY)**

☐ **IS OR HAS BEEN A CFSP. PLEASE SEE THE ATTACHED CERTIFICATE, WHICH STATES THIS.**

OR:

☐ **WAS SELECTED AS A YOUNG LION AWARD WINNER OR TOP ACHIEVER FROM FE+S IN THE YEAR _____**

PLEASE SEE THE ATTACHED CERTIFICATE, WHICH STATES THIS.

OR:

☐ **COMPANY IS CURRENTLY A NATIONAL OR REGIONAL BOARD MEMBER OR AN ACTIVE COMMITTEE MEMBER OF ANY ALLIED ASSOCIATION.**

Note: THIS NOTARIZED STATEMENT MUST BE SUBMITTED WITH PACKET.

Notary Signature: _____

Date: _____

CFESA COMPANY CERTIFICATION FORM PRO – 38

I attest to the fact that _____(company) provides 24 hour, 7 days a week, 365 days a year commercial service for our gas, steam, electric, electronic and/or refrigeration equipment. This continuous service is always reliable, professional and performed to the highest customer service expectations. This is one of the reasons we continue to use_____(company) and view them as a professional service provider.

_____Company

_____Company Officer
(Print Name)

_____
(Signature)

_____Contact Phone Number

_____Date

CFESA COMPANY CERTIFICATION FORM PRO - 39

_____**(company) has a current written human resources policy (see attached), signed by the president, which contains a drug testing policy. This requirement is in conformance with local and regional legal jurisdictions.**

_____ Company

_____ Company Officer

(Print Name)

_____

(Signature)

_____ Date

Note: THIS NOTARIZED STATEMENT MUST BE SUBMITTED WITH PACKET.

Notary Signature: _____

Date: _____

CFESA COMPANY CERTIFICATION FORM PRO-40

I certify that the following employees of (company name) _____ have completed a continuing education course or seminar:

(Please print or type)

Employee Full Name (Nick Name)	Position	Course Title	Course Length

Add more pages as needed.