

INSTALLER REGISTRATION FORM

(to be a LEVEL 1 REGISTERED APPRENTICE)



(Please print or type)

Installer Name:	
Company Name:	
Company Address:	
Company Phone:	Company Fax:
Installer Home Address:	
Installer Home Phone:	Email:

Types of Air Barriers to Be Applied

___ Torch Grade Membranes	Number of hours of experience	_____
___ Self Adhered Membranes	Number of hours of experience	_____
___ Spray Applied Liquid Membranes	Number of hours of experience	_____
___ Sprayed Urethane Foam	Number of hours of experience	_____

University / College or Other Training Courses

Course	Institution/Organization	Year	Completed	
			Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Trade Licenses or Certificates

Course	Institution/Organization	Year	Completed	
			Yes	No
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please email a digital photo of the registered installer to abaa@airbarrier.org & send the installer registration fee of \$100 to:
ABAA; 410-250 McDermot Ave.; Winnipeg, Manitoba; R3B 0S5; Canada

OR charge \$100 to my VISA (ABAA only accepts VISA or check):

<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Card number Expiry Date </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Card number Expiry Date </div>
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Cardholder's Name	Authorized Signature
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APPLICANT DECLARATION. I certify that the information given above is true and correct, and complete in every respect, and I understand it may be subject to verification by the accreditation committee or its representative. I agree that the information on this form may be shared with authorities providing my registration and/or training.

Signature of Applicant:	Date:
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