



INSTALLER CERTIFICATION APPLICATION

(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	_____

Applying for certification as: (please check appropriate box)

- ___ Lead Certified Installer (Level 3)
- ___ Certified Installer (Level 2)

Applying for certification in the following products:
(please check appropriate box(s))

- ___ Self Adhered
- ___ Spray Applied
- ___ Sprayed Urethane Foam

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"/>
_____	_____	_____	<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"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

List jobs over the past 3 years – Air Barrier experience on walls

Project Name	Company	General Contractor	Architect (if available)	Date of Project	Type Installed 1-torch grade membrane 2-self adhered membrane 3-spray applied liquid membrane 4-sheet metal 5-spray urethane foams	Number of hours of AVB application	Duties Performed 1. lead hand 2. applicator 3. helper

List jobs over the past 3 years – Applicable Related Trade Experience

Project Name	Company	General Contractor	Architect	Date of Project	Type Installed 1-spray applied waterproofing 2-sheet membrane waterproofing 3-self-adhered membrane roofing 4-torch applied membrane roofing 5-painting (brush and spray)	Number of hours of application	Duties Performed 4. lead hand 5. applicator 6. helper

Employment History

List 2 Employers

1. Employers Name

Supervisor

Address/Location

Job Description/Title

Period of Employment

From:

To:

YY	MM	YY	MM
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2. Employers Name

Supervisor

Address/Location

Job Description/Title

Period of Employment

From:

To:

YY	MM	YY	MM
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References

List 3 references (e.g. Employers, co-workers, associates, etc)

Contact Name

Relationship

Phone Number

Installer Certification Payment

Please send the installer certification fee of \$250 to: ABAA; 410-250 McDermot Ave.; Winnipeg, Manitoba; R3B 0S5; Canada

OR charge \$250 to my VISA (ABAA only accepts VISA or check):

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Card number

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Expiry Date

Cardholder's Name

Authorized Signature

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 undertake to report to the accreditation committee as soon as possible any changes in the above information and I am aware that making false statements or failing to inform the selection committee of omissions or changes to the information on this form may affect my acceptance in the program. I agree that the information on this form may be shared with authorities providing my certification and/or training.

Signature of Applicant

Date

PROFESSIONAL GUIDELINES: Certified Professionals make all reasonable efforts to participate in required training and skills development programs as recommended by BPQI, including any refresher courses that may be required. Certified Professionals adopt, and follow in good faith, the systems, programs, methods as recommended and prescribed by industry and regulatory bodies in respect to application, inspection, and documentation required. Certified Professionals conduct any and all dealings in respect to application, inspection, and documentation within the guidelines for ethical conduct as set forth by BPQI. Certified Professionals agree that their status can be suspended when the individual is found in breach of the guidelines for professional and ethical conduct or any of the requirements of the BPQI.