

Date of Issue: 18-Apr-2023

ABAA Whole Building Airtightness Course Registration Form

Applicant Name:	Date:	
Course Description:		
 The purpose of the ABAA Blower Door Technician T door technicians on the planning, preparation, and e conformance with industry standard test methods. The ABAA Blower Door Technician Training Prograr retained by ABAA who are guided by detailed lessor trainees will also have the opportunity to plan and catraining program. The program is intended to help prepare the trainees program, but completion of the training program is n program and requirements during the training program. 	execution of airtightness testing for common is a 40-hour training program delivered in plans. In addition to receiving instructionarry out simulated building airtightness test to become a Certified Blower Door Technot required for ABAA certification. The training in the second in	nercial and large buildings in d over 5 days by subject matter experts on from experienced experts, the ests on physical mock-ups during the ethnician through ABAA's certification
mportant Information:		
 Review test software training videos or Bring a laptop to each training session 	an online proctored exam which requires	a webcam and microphone. e following: 3. software prior to Module 3. ction; test software FanTestic,
Please Note:		
 If you are looking to become certified there is additionally please complete one registration form per person. Payment must be received prior to the start of the complete of the prior to the start of the complete prior to the complete prior to the start of the complete prior to the complete prior to the complete prior to the complete prior to the start of the complete prior to the co	ourse.	and will be provided during training.
Mandatory: Please complete the "Payment" s	section below – fees are referenced or	n second page of application.
VISA MasterCard	American Express	Check Sent
Card Number:	Expiry Date:	CVV: (Amex 4 Digits)
Card Zip Code:		(<u>- g</u> ,
Card Holder's Name: (as it appears on the card)	Authorized Signature:	



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Course Date:	Deadline for Registration:			
Mandatory: Please complete the "Applicant and Company" section below:				
Applicant Name:				
Applicant Email Address-User Specific: (for correspondence regarding training information)				
Company Name:				
Company Address: (include city, state, and zip code)				
Company Contact Phone Number:	Company Contact Email Address:			
Please Select Your Preferred Manufacture's Equipme	ent: Retrotec TEC			

Mandatory: Please complete the "Fees" section below.

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Fees Description	Non Member	ABAA Member	Total
Whole Building Airtightness Course (mandatory, if not already certified)	\$2850	\$2500	
Late Fee (mandatory if received after the "Deadline for Registration" date)	Additional \$150		
** Note: Once form is submitted your training manual will be ordered. If training is cancelled there is no reimbursement of fees for training manual.	Grand Total		

Please submit page 1 and 2 of the registration forms to the ABAA office by:

Emailing it to **training@airbarrier.org** or by toll free fax at 866.956.5819.

DO NOT MAIL THE REGISTRATION FORM