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|------------------------|--------------|
| <b>Applicant Name:</b> | <b>Date:</b> |
|------------------------|--------------|

**Course Description:**

- This ABAA course is open to everyone and offers an excellent educational opportunity for all. NO experience is required to attend the course. Those who would benefit from training include manufacturers, sales reps, general contractors, architectural reps, and anyone in the construction industry.
- This course is designed to prepare experienced SAFL installers how to create an Air Barrier using Self Adhered and Fluid Applied materials. This course includes instruction on everything from selecting proper materials, substrate preparation, application technology and troubleshooting.
- For certification purposes only, a minimum of 3000 hours of work experience either directly with air barriers or in an applicable related trade is required.
- Air Barrier Contractor members that hold ABAA Accreditation are required to have one certified installer **and** one person trained in the Quality Assurance Program Administrator Course. This can be the same individual.

**Important Information:**

- Students who cancel their registration with less than 5 business days' notice will not receive a refund.
- All students will receive a physical manual to study in preparation for the online exam.
- Those seeking certification will be required to write an online proctored exam which requires a webcam and microphone.
- An ABAA instructor will be available for a Q & A period following training. This will be determined on a "course to course basis."

**Please Note:**

- If you are looking to become certified there is additional paperwork that must be completed and will be provided during training.
- Please complete one registration form per person.
- Payment must be received prior to the start of the course.

I have read and understood all the information stated above.

**Mandatory:** Please complete the "**Payment**" section below – fees are referenced on second page of application.

VISA

MasterCard

American Express

Check Sent

|                                                 |                       |                          |
|-------------------------------------------------|-----------------------|--------------------------|
| Card Number:                                    | Expiry Date:          | CVV:<br>(Amex: 4 Digits) |
| Card Zip Code:                                  | Authorized Signature: |                          |
| Card Holder's Name: (as it appears on the card) |                       |                          |

|                     |                                   |
|---------------------|-----------------------------------|
| <b>Course Date:</b> | <b>Deadline for Registration:</b> |
|---------------------|-----------------------------------|

**Mandatory:** Please complete the “**Applicant and Company**” section below:

|                                                                                                                          |                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Applicant Name:</b>                                                                                                   |                                                                  |
| <b>Applicant Email Address-User Specific:</b> (for correspondence regarding training information and taking online exam) |                                                                  |
| <b>Company Name:</b>                                                                                                     |                                                                  |
| <b>Company Address:</b> (include city, state, and zip code)                                                              |                                                                  |
| <b>Company Contact Phone Number:</b>                                                                                     | <b>Company Contact Email Address:</b> (for sending exam results) |
| <b>Mailing Address to Ship Manual:</b> (if different than above address)                                                 |                                                                  |
| <b>Please choose which language preferred for the online exam:</b>                                                       |                                                                  |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish                                                        |                                                                  |

**Mandatory:** Please complete the “**Fees**” section below.

| Fees Description                                                                                                                                             | Non Member         | ABAA Member | Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------|-------|
| Self Adhered and Fluid Applied Online Course<br>( <b>mandatory</b> , if not already certified)                                                               | \$1095             | \$595       |       |
| Installer Certification Fee (\$250) & Self Adhered and Fluid Applied Exam (\$250)<br>( <b>mandatory</b> for certification)                                   | \$500              |             |       |
| Late Fee<br>( <b>mandatory</b> if received after the “Deadline for Registration” date)                                                                       | Additional \$150   |             |       |
| <b>** Note:</b> Once form is submitted your training manual will be ordered. If training is cancelled there is no reimbursement of fees for training manual. | <b>Grand Total</b> |             |       |

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

Emailing it to [training@airbarrier.org](mailto:training@airbarrier.org) or by toll free fax at 866.956.5819.

DO NOT MAIL THE REGISTRATION FORM