

ABAA Certified Installer Requirements

Below are the requirements for ABAA Installer Certification.

All required forms for Installer Certification are included in this PDF.

Please note that our fees are **not** pro-rated.

Annual certification renewal fees apply - \$100 per certified installer

- a. Attend an Installer Certification course
 - View upcoming courses [here](#). Course registration forms indicate member vs. non-member pricing.
 - Select the desired course. Scroll down and click “**DOWNLOAD REGISTRATION FORM**”.
 - Complete one form per student and email to: training@airbarrier.org.
- b. \$250 - Certification Fee
- c. \$250 - Exam Fee (minimum 80% passing)
- d. Completed Installer Application Form
- e. Completed Installer Licensing Agreement
- f. Completed Installer Affidavit **signed by a notary public** (minimum 3,000 hours*)
 - The affidavit is **specific** to the training the installer takes, either SPF or SA/FL. Both forms have been included in this document, however the installer will fill out one or both, depending on the training course[s] that they take.

**SA/FL certification: a minimum of 3000 hours of work experience directly with air barriers or in applicable related trade experience is required.*

**SPF/SA certification: a minimum of 3000 hours of work experience directly with air barriers or in applicable related trade experience is required (1500 hours being directly related to SPF application).*
- g. Provide a digital head shot – **no sunglasses/goggles/hats, plain background, clear and in focus, not a copy of another photo, in jpeg format**

LEVEL 2/3 CERTIFIED INSTALLER APPLICATION FORM

First Name:	Middle Name/Initial:	Last Name:
Company Name:		
Company Street Address:		
Company Phone:	Company Email:	
Installer Home Address:		
Installer Home Phone:	Installer Personal Email:	

Certification in Air Barriers for:

Lead Certified Installer (Level 3)
Passed SAFL/SPF Exam, and Plans & Specifications Exam

Certified Installer (Level 2)
Passed only SAFL/SPF Exam

Types of Air Barriers / Hours of Experience:

Self-Adhered Membrane _____ hrs
 Fluid Membrane _____ hrs

Sprayed Polyurethane Foam _____ hrs
 Boardstock _____ hrs

University/College, Trade Licenses/Certificates, or Other Training Courses

Course	Institution/Organization	Year	Completed	
			Yes	No

Employment History (Please list 2 employers)

Employer Name: _____

Supervisor: _____

Address/Location: _____

Job Description/Title: _____ Employment (mm/yy): From: ____ / ____ To: ____ / ____

Employer Name: _____

Supervisor: _____

Address/Location: _____

Job Description/Title: _____ Employment (mm/yy): From: ____ / ____ To: ____ / ____

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-self adhered membrane 2- liquid membrane 3-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 (if available)	Date of Project	Type Installed 1-spray applied waterproofing 2-sheet membrane waterproofing 3-self-adhered membrane roofing 4-torch applied membrane roofing 5-mechanically fastened sheet membrane 6-painting (brush and spray)	Number of hours of application	Duties Performed 1-lead hand 2-applicator 3-helper

References

List 3 References (e.g. employers, co-workers, associates, etc)

Contact Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Printed Name**Signature****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.

Please submit completed form along with payment to:

abaa@airbarrier.org

Payment

Initial Certification Registration Fee: January 1st – December 31st. Fees are not pro-rated & are subject to change without notice.

Fee: \$250

<input type="radio"/> VISA	<input type="radio"/> MasterCard	<input type="radio"/> American Express	<input type="radio"/> Check Enclosed
Card Number:		Expiry Date:	CVV:
Card Zip Code:			(Amex: 4 Digits)
Cardholder's Name:		Authorized Signature:	

THE CERTIFICATION PROCESS WILL NOT BE COMPLETED UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED TO THE ABAA OFFICE.