

## INSTALLER AFFIDAVIT

3000 hrs minimum

### SECTION 1

IN THE MATTER OF REQUIREMENTS TO BECOME AN AIR BARRIER ASSOCIATION OF AMERICA, INC. LICENSED INSTALLER

I, \_\_\_\_\_, DO SOLEMNLY DECLARE;  
(name)

That I am the employee of \_\_\_\_\_  
and have the following experience

#### 1. Air Barrier experience – application on walls

- \_\_\_\_\_ hours of experience in self adhered membranes
- \_\_\_\_\_ hours of experience in liquid membranes
- \_\_\_\_\_ hours of experience in spray urethane foams
- \_\_\_\_\_ hours of experience in boardstock (cellular plastic)

#### 2. Applicable Related Trade experience

- \_\_\_\_\_ hours in spray-applied waterproofing
- \_\_\_\_\_ hours in sheet membrane waterproofing
- \_\_\_\_\_ hours in self-adhered membrane roofing
- \_\_\_\_\_ hours in torch applied membrane roofing
- \_\_\_\_\_ hours in mechanically fastened sheet membrane
- \_\_\_\_\_ hours in painting
- \_\_\_\_\_ hours in housewrap/building wraps

AND I make this solemn declaration conscientiously believing it is to be true and knowing that it is of the same force and effects as if made under oath.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

### SECTION 2

DECLARED BEFORE ME at the County of \_\_\_\_\_, in the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

X \_\_\_\_\_

**NOTE: Once filled out, SECTION 2 of this form must be signed and stamped by a Notary Public or Commissioner of Oath.**