

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 torch grade membranes
- _____ hours of experience in self adhered membranes
- _____ hours of experience in spray applied liquid membranes
- _____ hours of experience in sheet metal
- _____ hours of experience in spray urethane foams

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 painting

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.