

ABAA Certified Air Barrier Specialist Registration and Exam Order Form

and the second s											
First Name(s):				Last Name(s):							
Address:			Į.								
Phone Number:			Email Address:								
Company Name:											
Company Address:											
Company Phone Number:				Company Email Address:							
Expected Certification Costs			Detailed Cost Breakdown				Non-Member Fees	Member Fees	Qty.	Total	
Certification Registration		One-time fee (if not already registere			d)		\$350.00		\$		
Coutification	A. Air Barrier Specialist I Proctored during a co			kam		\$300.00	\$200.00		\$		
Certification Exam (Please indicate the method of which you would like the exam delivered by choosing either A., B., or C.)		B. Air Barrier Specialist E Proctored online					\$350.00	\$250.00		\$	
		C. Air Barrier Specialist E Proctored at an approved					\$425.00	\$325.00		\$	
Renewal Fee		Biennial (every two years) ce maintenance					\$350.00	\$250.00		\$	
Recertification	Every six years					Renewal fee +		\$			
								C	ST/HST	\$	
Declaration								T	TOTAL \$		
certification I am pursuing. I have should be unsuccessful with the I do solemnly declare that, to th status when requested.	e reviewed and understan e exam, I must re-write it a	nd what I wand pay a	will be evaluall incurring	uated on. I als costs associa	o acce ted wit	pt the th re-w	riting the exam.	lures of AB <i>i</i>	AA. I unde	erstand a	and agree that if
Signature All fees/costs are subject to change without notice, are not pro-rated or refundable and must be pre-paid. All fees are based on one (1) individual. The ABAA registration cost includes the certification fee for the year of registration. All certifications expire each year as of Dec. 31st and must be renewed biennially. ABAA reserves the right to withdraw or suspend certification when payment is not received. ABAA reserves the right to administer a financial penalty to certified installers for neglecting the certification scheme requirements. Payment											
	VISA		MasterCa	ard			American Expres	SS	<u> </u>	Ch	eck Enclosed
Card Number:					Expi	ry Dat	e:		CVV:		
Card Holder's Name (as it appears on the card):					Authorized Signature:						
Write and successfully Sign and return the AB	his form and submit paym pass the Air Barrier Spec AA Individual Certification	ialist Exa n Agreem	ent	ı ID Card				_			

Send Documents By: Email: abaa@airbarrier.org | Fax: 866.956.5888 | Mail: Air Barrier Association of America 1600 Boston Providence-Hwy Walpole, MA 02081