

## 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**

<b>Project Name</b>	<b>Company</b>	<b>General Contractor</b>	<b>Architect (if available)</b>	<b>Date of Project</b>	<b>Type Installed</b> 1-self adhered membrane 2- liquid membrane 3-spray urethane foams	<b>Number of hours of AVB application</b>	<b>Duties Performed</b> 1-lead hand 2-applicator 3-helper

**List Jobs Over the Past 3 Years – Applicable Related Trade Experience**

<b>Project Name</b>	<b>Company</b>	<b>General Contractor</b>	<b>Architect (if available)</b>	<b>Date of Project</b>	<b>Type Installed</b> 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)	<b>Number of hours of application</b>	<b>Duties Performed</b> 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.

_____	_____	_____
<b>Printed Name</b>	<b>Signature</b>	<b>Date</b>

**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](mailto:abaa@airbarrier.org)

**Payment**

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

**Fee: \$250**

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

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

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