



**In addition to this registration form, the following items must be submitted:**

- Original color or digital photo\* of yourself for use on ID badge (clear head shot, which can be purchased at locations where passport photos are sold). Do not submit photocopies.
- Copy of signed government issued photo identification (Driver's License, etc). Photo must be clear and address legible.
- Personal check in the amount indicated or a completed Credit Card Payment Form, unless otherwise directed by the sponsor.
- Certification Candidates are required to have a minimum of 12-months work experience on a construction site physically installing fenestration products in the rough opening. *Please provide a letter on company letterhead from a past or present employer or other verifiable evidence to show compliance with this requirement.*

\* **Non-Certification Participants may omit this step as they will not qualify to take the test.**

# Registration Form

INDEPENDENTLY SPONSORED CLASS

This form must be filled out by all Certification Candidates, Trainees and Non-Certification Participants who intend to participate in the InstallationMasters<sup>®</sup> Replacement Training and Certification Program. All candidates who meet the certification requirements and complete the course will be provided with a test at the end of the two-day training session.

**Certification Candidate**     **Non-Certification Participant**     **Trainee**

**Name** (listed on website/certificate/id card): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Please list my information on website

**NOTE:** All class materials are in English. Please note if a translation of the test is required.

## **Sponsor**

**Sponsor:** \_\_\_\_\_

**Class Dates & Times:** \_\_\_\_\_

**Class Location:** \_\_\_\_\_

## **Fees**

**Make checks payable to:** \_\_\_\_\_

InstallationMasters Replacement Program Training Fee: \_\_\_\_\_  
(Non-Certification Participant)

InstallationMasters Replacement Program Training and Test Fee: \_\_\_\_\_  
(Certification Candidate or Trainee)

The fees above are for registration into the training program, training materials and for the test if applicable. **Only Certification Candidates & Trainees will be permitted to take the test. Test failure requires re-testing and additional testing fees.**

\* *Once confirmed, all fees are non-refundable*

**PLEASE RETURN FORM TO SPONSOR TO REGISTER FOR CLASS**