



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

- Original color 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 of \$375 or a completed Credit Card Payment Form.
- A letter from a past or present employer or other verifiable evidence indicating the number of years experience installing windows and doors.
- Proof of education by copies of college or trade school transcripts and/or high school diploma or high school equivalent exam.

# **Registration Form**

SELF-STUDY/ PROCTORED TEST REQUIRED

This form must be filled out by all Certification Candidates who intend to bypass the InstallationMasters<sup>TM</sup> Training class and qualify to take the test without taking the class. To qualify, see education and experience requirements below.

□ I meet the requirements listed below as a Self-Study Certification Candidate

Name:	
Mailing Address:	
City:	
	Country:
Phone:	
E-Mail:	
Company Name:	
Company Address:	
City:	
	Country:
Phone:	Fax:

### **Qualifications**

Please check all that apply:

- □ High school diploma or high school equivalent exam and six or more years experience installing windows and doors
- □ Associates Degree or trade school certificate and three or more years experience installing windows and doors
- □ Bachelors Degree or higher in Construction Engineering and two or more years experience installing windows and doors

#### Fees

My check is enclosed (payable to AAMA in U.S. funds)
Please charge my credit card (Credit Card Payment Form enclosed)

The fee of **\$375** is for Self-Study registration and testing. Candidates will receive a copy of the training manual. Candidates are strongly encouraged to read all materials in preparation for the test. Failure to pass the test will require a re-test for an additional fee.

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

Send To: American Architectural Manufacturers Association 1900 East Golf Road Suite 1250 Schaumburg, IL 60173 Phone: 847-303-5664 Fax: 847-303-5774 <u>education@aamanet.org</u> www.InstallationMasters.com



## **Credit Card Payment Form**

Date:		
Please charge my cree	lit card in the amou	unt of:
□ American Express	□ Master Card	□ Visa
Credit Card #:		
*CVV2 Code:		Exp Date:
*This is the three or for	ur digit number prin	ted on the back of the card.
Name on Card:		
Billing Address:		
		Country:
Phone:	Fax:	E-Mail:
Cardholder Signature	2• •	
For Office Use On	ıly	
Invoice #:		
AAMA Job #:		
Submitted by:		

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