



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 InstallationMastersTM 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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