

# InstallationMasters® Candidate Registration Form

A completed registration form is required for each Certification, Trainee and Non-Certification Candidate planning to attend the class. Certification and trainee candidates will be required to complete an exam at the end of the two-day training session.

**Indicate the type of class:**    **Original Program**                      **Replacement Program**                      **New Construction Program**



REPLACEMENT

NEW CONSTRUCTION

**Registration Type:**

Certification

Non-Certification

Trainee

**Along with this registration form, all candidates must submit:**

- Digital photo of signed government-issued ID (driver's license, etc.). ID in submitted photo must be clear and legible.

**Certification and Trainee Candidates must additionally submit:**

- Original or digital, front-facing, color photo of yourself for use on ID badge; see [Photo Tips](#). Do not submit photocopies.
- [Eligibility Verification Form](#) (see page two)

**For Certification Candidates:**

Please list my information on the InstallationMasters website after I receive my certification

## CANDIDATE INFORMATION

First, Middle and Last Name (for website/certificate/ID card)

Preferred Name (if different than full name)

Personal Mailing Address

City State

Zip Country

Phone Cell

Email (required)

## EMPLOYER INFORMATION

Company Name

Company Address

City

State

Zip

Country

Phone

## INSTRUCTOR INFORMATION

Instructor Name

Class Dates/Times

Class Location

### Registration Fees Established by Instructor

Once confirmed, all fees are non-refundable

Certification Candidates (class and exam\*) \$

Non-Certification Candidates (class only) \$

Trainee Candidates (class and exam\*) \$

\*Exam failure requires re-testing and additional testing fees

### Payment Options

Make checks payable to \_\_\_\_\_

Please charge my credit card:                      American Express                      MasterCard                      Visa

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV2 Indicator Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_ City State Postal Code

Cardholder Signature \_\_\_\_\_

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