Spray Polyurethane Foam Installer Training Registration Form
August 11-13, 2015 – East Windsor, NJ

air barrier abaa association of america

abaa@airbarrier.org

Cut off for registration is July 27, 2015

Location:
Coastal Insulation Corp.
100 Lake Drive
East Windsor, NJ 08520
Phone: 732-955-8400

Recommended Hotel:
Holiday Inn East Windsor
Phone: 877-660-8550

Recommended Airport:
Newark Liberty International Airport - EWR

Day 1 & 2: 8AM – 4:30PM
Day 3: 8AM – 1PM
QAP will take place on Tuesday evening from 5PM – 8PM

Name:	
Company Name:	**ABAA Member?** ☐ **Yes** ☐ **No**
Company Address:	
Company Phone:	**Company Email:**

Detailed Costs	**Member Fees**	**Non-Member Fees**	**TOTAL**
Certification Fee Please complete and submit the *Installer Certification Application Form* in addition to this form	$250.00		
Training			
Self - Adhered & Spray Polyurethane Foam	$995.00	$1,495.00	
QAP Administrator	$95.00	$195.00	
Exams (mandatory for certification)			
Self - Adhered & Spray Polyurethane Foam	$200.00		
QAP Administrator	$100.00		
Late Registration Students who register after the cutoff date will incur an additional **$150.00** fee.			
		TOTAL	

Please note that this course is designed to teach experienced SPF installers how to create an Air Barrier using Spray Polyurethane Foam. For certification purposes, a minimum of 3000 hours of work experience either directly with air barriers or in applicable related trade experience is required, with 1500 of those hours being directly related to SPF.

*It is an ABAA policy that each company requires one person trained in an ABAA Installer Training Course **and** one person trained in the Quality Assurance Program Administrator Course. This can be the same individual.*

*****Payment must be received by the ABAA office prior to the course start date***

☐ My check for total payment, made out to ABAA is enclosed
☐ I would like to charge my registration fees for total payment to my **VISA / MasterCard / American Express**

_____/_____/_____/_____
Card number | Expiry date | CVV | Cardholder's name (as shown on card)

ABAA reserves the right to cancel with a minimum 5 days notice, based on lack of registration. Students who cancel their registration with less than 5 business days notice will not receive a refund.
We advise all students to hold off on making any travel arrangements until the class has been confirmed as proceeding. Attendees are responsible for travel and hotel costs.

Please complete and submit the registration form to the ABAA office either via email or fax, do not mail.

1600 Boston-Providence Hwy, Walpole, MA 02081
Phone 1-866-956-5888 Fax 1-866-956-5819
abaa@airbarrier.org

air barrier
abaa
association of
america

INSTALLER CERTIFICATION APPLICATION FORM

(Please print or type)

Installer Name:	
Company Name:	
Company Address:	
Company Phone:	Company Fax:
Installer Home Address:	
Installer Home Phone:	Email:

Types of Air Barriers to be Applied

☐ Self Adhered Membranes — Number of hours of experience _____

☐ Liquid Membranes — Number of hours of experience _____

☐ Sprayed Urethane Foam — Number of hours of experience _____

Applying for certification as: (please check appropriate box)

☐ Lead Certified Installer (Level 3) ☐ Certified Installer (Level 2)

Applying for certification in the following products: (please check appropriate box/es)

☐ Self Adhered ☐ Liquid Membrane ☐ Sprayed Urethane Foam

University / College or Other Training Courses

Course	Institution/Organization	Year	Completed Yes	Completed No
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Trade Licenses or Certificates

Course	Institution/Organization	Year	Completed Yes	Completed No
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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

List Jobs Over the Past 3 Years – Air Barrier Experience on Walls

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

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

Project Name	Company	General Contractor	Architect (if available)	Date of Project	Type Installed 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)	Number of hours of application	Duties Performed 1-lead hand 2-applicator 3-helper

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Employment History

List 2 Employers

Employers Name: _____

Supervisor: _____

Address/Location: _____

Job Description/Title: _____

Period of Employment (mm/yy): From: _____/_____ To: _____/_____

Employers Name: _____

Supervisor: _____

Address/Location: _____

Job Description/Title: _____

Period of Employment (mm/yy): From: _____/_____ To: _____/_____

References

List 3 References (e.g. employers, co-workers, associates, etc)

Contact Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Method of Payment

Certification Year runs from January 1st – December 31st of each year.
These fees cannot be Pro-Rated. Fees are subject to change without notice.

☐ My check for total payment, made out to ABAA is enclosed

☐ Charge the installer certification fee to my **VISA / MasterCard / American Express**

_____ /_____/_____ /_____

Card number | Expiry date | CVV | Cardholder's name (as shown on card)

_____

Authorized Signature

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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.

Signature of Applicant: _____

Date: _____

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 complete form and submit along with payment to:

Air Barrier Association of America (ABAA)
1600 Boston-Providence Hwy, Walpole, MA 02081
Toll Free Fax: 866.956.5819 Email: abaa@airbarrier.org

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