

## Self Adhered and Fluid Applied Installer Course Registration Form

**Dates:** Jan. 19-21, 2016

**Location:** Emeryville, CA

**Deadline for Registration is: Monday, Jan. 4 at 12:00 PM CDT**

### Description

- This course is designed for the experienced SAFL installer to learn how to install SAFL as a complete air barrier system in commercial buildings. This course includes instruction on everything from selecting proper materials, substrate preparation, application technology, troubleshooting and hands-on training.
- For certification purposes, a minimum of 3000 hours of work experience either directly with air barriers or in applicable related trade experience is required.
- It is an ABAA policy that each company employs 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.

### Important Information:

- ABAA reserves the right to cancel with a minimum 5 days' notice, based on lack of registrants
- 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 accommodation costs
- Class sizes are limited. Complete registration forms are processed in the order in which they are received.
- Missing information on submitted forms **may** result in not being able to attend the course.

### Please Note:

- If you are looking to get certified, the "**Level 2 and 3 Installer Certification Application Form**" must be completed.
- It is one registration form per person.
- Payment must be received prior to the start of the course.

☐ I have read and understood all of the information stated above.

<b>Name:</b>	<b>Date:</b>
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### Training Course Information

<b>Classroom Location:</b> Four Points by Sheraton San Francisco Bay Bridge In Meeting Room "Marina/Golden Gate"	<b>Hands On Location:</b> California Waterproofing Supply 14855 Wicks Blvd. San Leandro, CA 94577
<b>Classroom Phone Number:</b> 510-547-7888	<b>Hands On Location Phone Number:</b> 510-352-9800
<b>Recommended Airport:</b> Oakland International Airport (OAK)	<b>Recommended Hotel:</b> Four Points by Sheraton - San Francisco Bay Bridge Phone: 510-547-7888 to make your room reservation

Please submit pages 1 and 2 of the registration form to the ABAA office by:  
Email to [training@airbarrier.org](mailto:training@airbarrier.org) or by toll free fax at **866.956.5819**.

**DO NOT MAIL THE REGISTRATION FORM.**

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**Mandatory:** Please fill out the “Attendee and Company” section below:

Attendee First Name(s):	Attendee Last Name(s):
Attendee Email Address (for correspondence regarding training information):	
Company Name:	
Company Street Address:	
Company Contact Phone Number:	Company Contact Email Address (for sending exam results):

**Mandatory:** Please fill out the “Fees” section below.

Fees Description	Non Member	ABAA Member	Total
Self Adhered and Fluid Applied Training Course ( <b>mandatory</b> , if not already certified)	\$1495.00	\$995.00	
Self Adhered and Fluid Applied Exam ( <b>mandatory</b> for certification)	\$200.00		
Installer Certification Fee ( <b>mandatory</b> for certification)	\$250.00		
Quality Assurance Program Administrator Course ( <b>mandatory</b> for company accreditation, if you currently do <b>not</b> have an ABAA QAP administrator)	\$195.00	\$95.00	
Quality Assurance Program Administrator Exam ( <b>mandatory</b> for QAP administrator)	\$100.00		
Registration Late Fee ( <b>mandatory</b> , if received <b>after</b> the “Deadline for Registration” date)	Additional \$150.00		
<b>Grand Total</b>			

**Mandatory:** Please complete the “Payment” section below.

VISA ☐

MasterCard ☐

American Express ☐

Check Sent ☐

Card Number:	Expiry Date:	CVV:
Card Holder's Name (as it appears on the card):	Authorized Signature:	

Please submit pages 1 and 2 of the registration form to the ABAA office by:

Email to [training@airbarrier.org](mailto:training@airbarrier.org) or by toll free fax at **866.956.5819**.

DO NOT MAIL THE REGISTRATION FORM.

If you are looking to get certified as an installer, please complete the “**Level 2 and 3 Installer Certification Application Form**” (see next pages).

Please send the “**Level 2 and 3 Installer Certification Application Form**” to [abaa@airbarrier.org](mailto:abaa@airbarrier.org) and write “Attention Quality Assurance Department” in the subject line. DO NOT MAIL THE APPLICATION FORM.

**For Office Use Only:**

Total Invoice Amount: \_\_\_\_\_

Total Charge Amount: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Initials: \_\_\_\_\_

## Level 2/3 Certified Installer Application Form

Installer Given Name(s):		Installer Surname(s):	
Installer Home Address:			
Installer Home Phone:		Installer Email Address:	
Company Name:			
Company Address:			
Company Phone Number:	Company Fax Number:	Company Email Address:	

### Certification in Air Barriers for:

☐ Certified Installer (Level 2)

☐ Lead Certified Installer (Level 3)

### Types of Air Barriers/Hours of Experience:

☐ Self Adhered Membranes \_\_\_\_\_ hours

☐ Sprayed Polyurethane Foam \_\_\_\_\_ hours

☐ Fluid Membranes \_\_\_\_\_ hours

☐ Boardstock \_\_\_\_\_ hours

### University / College or Other Training Courses:

Course	Institution/Organization	Year	Completed	
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> YES	<input type="checkbox"/> NO

### Employment History (Please list 2):

Company Name:		Supervisor Name:	
Company Address:			
Job Description/Title:		Employment Duration (mm/yy): From:       /       To:       /	

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Company Address:			
Job Description/Title:		Employment Duration (mm/yy): From:       /       To:       /	

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

**List Jobs from 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-appliator 3-helper

**List Jobs from 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-appliator 3-helper

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## References:

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

**Contact Name**

**Relationship**

**Phone Number**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## 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.

\_\_\_\_\_  
**Name (printed)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**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.

## Payment

Annual Certification: January 1<sup>st</sup> to December 31<sup>st</sup>. Fees are not pro-rated and are subject to change without notice.

**Fee: \$250.00**

<input type="checkbox"/> <b>VISA</b>	<input type="checkbox"/> <b>MasterCard</b>	<input type="checkbox"/> <b>American Express</b>	<input type="checkbox"/> <b>Send Me an Invoice</b>
<b>Card Number:</b>		<b>Expiry Date:</b>	<b>CVV:</b>
<b>Card Holder's Name (as it appears on the card):</b>		<b>Authorized Signature:</b>	

**Please submit completed form, along with payment to:**

[abaa@airbarrier.org](mailto:abaa@airbarrier.org)

(Please write "Attention Quality Assurance Department" in the subject line of your email)

**For Office Use Only:**

**Total Invoice Amount:** \_\_\_\_\_

**Total Charge Amount:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

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UNTIL ALL THE REQUIRED DOCUMENTS ARE SUBMITTED TO THE ABAA OFFICE.**