



APPLICATION FOR RECERTIFICATION

Solar Heating Installer Certification

The Recertification Fee for Paper Applications is now \$350

Please refer to the Candidate Information Handbook for complete instructions & policies.

NABCEP encourages applicants to apply electronically at <http://forms.nabcep.org>

Please type or print all information clearly.

1. PERSONAL INFORMATION				
Last Name	First	Middle	Suffix	Birth Date (mm/dd/yyyy) ____/____/____
Current Mailing Address: Street Address or P.O. Box				
City	State	Zip Code	Country	
Primary Phone Number			Fax Number	
Alternate Phone Number			May NABCEP contact you via email with reminders and information about your certification? NABCEP will not sell email addresses nor list email addresses with certificant information under any circumstances. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list your email in the box at left.	
E-Mail Address				
Has your address or name changed since your NABCEP certification? If so, please list your old address and/or name below.				
Prior Address: Street Address or P.O. Box, City, State, Zip				
Name Change: Old Name		Reason for Name Change: <i>(optional)</i>		
NABCEP Certification Number: (If known)				
2. BUSINESS INFORMATION				
Do you own your renewable energy business? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please provide your business info below.</i>				
Business Name(s) and/or DBA(s) used currently:			Business Incorporation or other Effective Date:	
3. EXISTING LICENSES, CERTIFICATIONS AND REGISTRATIONS				
If licenses, registrations or certifications (other than NABCEP) are required for Solar Heating installation by the jurisdictions in which you do your work, maintaining NABCEP Certification requires that you hold these credentials. Please list below any required licenses, registrations or other certifications that you hold in order to practice solar installation. Attach extra pages if necessary.				
1. License, Certification or Registration Type	State or Jurisdiction		Held since (date)	
License, Certification or Registration Number		Name Used		
2. License, Certification or Registration Type	State or Jurisdiction		Held since (date)	
License, Certification or Registration Number		Name Used		

3. License, Certification or Registration Type	State or Jurisdiction	Held since (date)
License, Certification or Registration Number		Name Used
Additional licenses, certifications or registrations are identified on an attached page: Yes <input type="checkbox"/> No <input type="checkbox"/>		

4. CONTINUING EDUCATION Requirement

To maintain certification, the certified installer must document the completion of: 1) At least 6 hours of training related to any of the primary solar heating references listed on the NABCEP website (www.nabcep.org) under “Resources”; 2) At least 6 hours of technical solar heating training related to the most recent version of the NABCEP Solar Heating Installer Task Analysis or complementary to solar heating technology; 3) “Other” - Up to an additional 6 hours of instruction related to solar heating or renewable energy that may be technical or non-technical. *In addition to attendance at qualified educational and training events, NABCEP grants up to 12 continuing education contact hours to certificants who: instruct and teach qualifying courses; author qualifying articles or publications; and/or, present qualifying lectures, seminars or workshops.* See Section 12 in the NABCEP Candidate Information Handbook for detailed information on all of the above subjects. A wide variety of courses can meet NABCEP approval but must: A) Have a formal training format, with a teacher-learner structure. This implies a connection between a learner and a learning source. B) Appropriately address issues of safety related to the most recent OSHA safety standards and core competencies of the NABCEP Solar Heating Installer Task Analysis. A contact hour (a.k.a.; *Continuing Education Unit* or **CEU**) equals one 60-minute clock hour of organized learning activity including interaction between learner and instructor or learner and materials that have been prepared to cause learning. The provider must specify the number of contact hours for the course before the course is offered. Credit is not awarded for time spent on sales presentations, breaks, travel, receptions, or meals.

Primary Solar Heating references listed on the NABCEP website (www.nabcep.org) under “Resources” (at least 6 hours)	<p style="text-align: center;">Please list the name, date, and instructor of the course, as well as total #CEUs:</p> <p style="text-align: center;">Total # CEU hours Primary Solar Heating References _____</p>
NABCEP Task Analysis/ Solar Heating Technology (at least 6 hours)	<p style="text-align: center;">Please list the name, date, and instructor of the course, as well as total #CEUs:</p> <p style="text-align: center;">Total # CEU hours Task Analysis or SH Complementary Technology _____</p>
“Other” Subjects (6 hours)	<p style="text-align: center;">Please list the name, date, and instructor of the course, as well as total #CEUs:</p> <p style="text-align: center;">Total # CEU “Other” Subject Hours Completed: _____</p>

***NOTE:** Including copies of training certificates awarded for the above Continuing Education classes is no longer required when you submit this Recertification Application. However if you are later chosen for a random audit, you will, at that time, be required to submit them.

5. Solar Heating INSTALLATION Requirement – 1st System

Recertification requires that you install three qualifying installations over the course of a recertification cycle. (Not necessarily one per year.)

A qualifying system requires a permitting and inspection process by a permitting authority – OR – in the absence of such, an appropriate underwriter authorized to provide an inspection certificate. In regions where neither of these options exists, the Application Review Committee will judge experience based on supplied documentation. NABCEP reserves the right to contact system owners/operators, permitting authorities, and responsible contractors to verify work listed in this section. If a license for solar installation is required in the jurisdiction in which the work is performed, candidates must submit their license number -- or the license number under which the work was performed. **For Recertification, it is now optional to attach copies of any permits or inspection certificates acquired; however, if you are later chosen for a random audit you will be required to supply these certificates.** It is also optional to attach letters from customers, photos, design plans, employer affidavits asserting that you performed the work listed, or other documentation.

Dates Job Performed (mm/yyyy) From: To:	a) Job location physical address: Address City State Zip b) System owner/operator contact info: Name Phone Number
Total System Size: In kW. (Use 1 kW per 10 SF of collector space, for approx. purposes only.) Enter kW:	c) System components: # and size of collectors, solar tanks, etc..
Is the system for hot water or pool heating?	d) Permitting and inspection authority: Jurisdiction Permit/job number Date County Lot# (if required for Permit)

If no permitting or inspecting authority was available, check here and explain at right:

Explanation of lack of permitting or inspection opportunity (if applicable):

e) Responsible contractor, installer or business (if different from applicant) Name	Phone Number
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Description of work performed by applicant, number of workers supervised, and level of responsibility:

5. (Cont.) Solar Heating INSTALLATION Requirement – 2nd System

Dates Job Performed (mm/yyyy) From: To:	a) Job location physical address: Address City State Zip b) System owner/operator contact info: Name Phone Number
Total System size: In kW. (Use 1 kW per 10 SF of collector space, for approx. purposes only.) Enter kW:	c) System components: # and size of collectors, solar tanks, etc.

Is the system for hot water or pool heating?	d) Permitting and inspection authority: Jurisdiction Permit/job number Date County Lot# (if required for Permit)
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If no permitting or inspecting authority was available, check here and explain at right: <input type="checkbox"/>	Explanation of lack of permitting or inspection opportunity (if applicable):
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e) Responsible contractor, installer or business (if different from applicant) Name Phone Number

Description of work performed by applicant, number of workers supervised, and level of responsibility:

5. (Cont.) Solar Heating INSTALLATION Requirement – 3rd System

Dates Job Performed (mm/yyyy) From: To:	a) Job location physical address: Address City State Zip
	b) System owner/operator contact info: Name Phone Number

Total System size: In kW. (Use 1 kW per 10 SF of collector space, for approx. purposes only.) Enter kW:	c) System components: # and size of collectors, solar tanks, etc.
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Is the system for hot water or pool heating?	d) Permitting and inspection authority: Jurisdiction Permit/job number Date County Lot# (if required for Permit)
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If no permitting or inspecting authority was available, check here and explain at right: <input type="checkbox"/>	Explanation of lack of permitting or inspection opportunity (if applicable):
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e) Responsible contractor, installer or business (if different from applicant) Name Phone Number

Description of work performed by applicant, number of workers supervised, and level of responsibility:

6. Fees

- It is suggested that certificants file a Recertification Application and pay the \$300 (\$350 for paper application) fee at least ninety (90) days prior to the expiration of their certificate.
- Certificants who apply for recertification after their certificate has expired will be required to pay a late fee of \$50 in addition to the \$300 Recertification Fee.

If paying by credit card, please complete and include a Payment Remittance Form.

I am enclosing a check or money order, payable to NABCEP, in the amount of \$ _____.

7. ATTEST STATEMENT

By signing below, I attest that the information contained in this Application for Recertification is true and correct to the best of my knowledge. Furthermore, I acknowledge the right of NABCEP to verify this information by contacting the proper authorities. I also attest that I continue to follow the NABCEP Code of Ethics in my installation practices.

Signed _____ Date: _____

Please return the application for recertification to NABCEP.

NABCEP
56 Clifton Country Road, Suite 202
Clifton Park, NY, 12065
Email: info@nabcep.org

Phone: (800) 654-0021
Fax (518) 899-1092



PAYMENT REMITTANCE FORM

Please fill in the following boxes **EXACTLY** as shown on your **credit card billing statement**. Illegible, incomplete or missing information will delay or prevent processing.

1. IDENTIFICATION INFORMATION																								
Last Name or Company Name on Card	First	Middle	Suffix																					
Credit Card Billing Address: Street Address or P.O. Box																								
Address line 2																								
City	State	Zip Code	Country																					
Phone Number	E-Mail Address																							
2. Certification Type																								
This regards certification in:																								
<input type="checkbox"/> Solar Photovoltaic	<input type="checkbox"/> Solar Heating	<input type="checkbox"/> Small Wind																						
3. FEES (check one)																								
<input type="checkbox"/> \$100 Application fee	<input type="checkbox"/> \$25 Duplicate Document fee																							
<input type="checkbox"/> \$300 First time exam fee	<input type="checkbox"/> \$200 Exam Retake fee																							
<input type="checkbox"/> \$300 Recertification Application fee	<input type="checkbox"/> \$50 Recertification Late Fee																							
<input type="checkbox"/> \$200 Continuing Education Application fee	<input type="checkbox"/> \$300 PV Entry Level Provider fee																							
<input type="checkbox"/> \$75 Entry Level Exam fee	<input type="checkbox"/> \$50 Paper Application Fee																							
<input type="checkbox"/> Check or money order payable to NABCEP. <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard																								
Name on card: _____		Signature of cardholder: _____																						
<table border="1" style="display: inline-table; width: 50px; height: 20px;"> <tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr> </table> M M / Y Y Expiration Date			<table border="1" style="display: inline-table; width: 350px; height: 20px;"> <tr> <td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td> </tr> </table> Credit Card number (do not use spaces or dashes)																					
4. Signature and Date																								
I affirm that the information I have provided in this form is correct and I authorize NABCEP to proceed with the above credit card charge.																								
Signature: _____																								
Date: _____																								
Send this form and Payment to:																								
NABCEP 56 Clifton Country Rd. Suite 202 Clifton Park, NY 12065		Fax: (518) 654-0021 Email: info@nabcep.org																						