



# APPLICATION for RECERTIFICATION

## Solar PV Installer

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.

1. PERSONAL INFORMATION				
Last Name	First	Middle	Suffix	Birth Date (mm/dd/yyyy) ____/____/____
<b>Current Mailing Address:</b> Street Address or P.O. Box				
City	State	Zip Code	Country	
<b>Primary Phone Number</b>			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.	
<b>E-Mail Address</b>				
<b>Has your address or name changed since your NABCEP certification?</b> If so, please list your old address and/or name below.				
<b>Prior Address:</b> Street Address or P.O. Box, City, State, Zip				
<b>Name Change:</b> Old Name		Reason for Name Change: <i>(optional)</i>		
<b>NABCEP Certification Number: (If known)</b>				
1. 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:	
2. EXISTING LICENSES, CERTIFICATIONS AND REGISTRATIONS				
If licenses, registrations or certifications (other than NABCEP) are required for solar PV 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		



## 4. PV INSTALLATION Requirement

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

*A qualifying system is one with an inverter and subject to a complete electrical 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 exist, acceptance of the system will be 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.

<b>1<sup>st</sup> System</b> <b>Dates Job Performed</b> (mm/yyyy) From:  To:	<b>a) Job Location Physical Address:</b> Address                      City                      State                      Zip  <b>b) System owner/operator Contact Info:</b> Name                      Phone Number
<b>Total System size:</b> (in watts or kW)	<b>c) System Components:</b> # and size of panels, inverter, batteries, etc.
<b>Does the system have an inverter?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>d) Permitting and Inspection Authority:</b> 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: <input type="checkbox"/>	Explanation of lack of permitting or inspection opportunity (if applicable):
<b>e) Responsible contractor, installer or business (if different from applicant)</b> Name                      Phone Number	
Description of work performed by applicant, number of workers supervised, and level of responsibility:	
2nd PV System INSTALLATION	
<b>Dates Job Performed</b> (mm/yyyy) From:  To:	<b>a) Job Location Physical Address:</b> Address                      City                      State                      Zip  <b>b) System owner/operator Contact Info:</b> Name                      Phone Number

<b>Total System size:</b> (in watts or kW)	<b>c) System Components: # and size of panels, inverter, batteries, etc.</b>
<b>Does the system have an inverter?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>d) Permitting and Inspection Authority:</b> 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: <input type="checkbox"/>	Explanation of lack of permitting or inspection opportunity (if applicable):
<b>e) Responsible contractor, installer or business (if different from applicant)</b> Name      Phone Number	
Description of work performed by applicant, number of workers supervised, and level of responsibility:	
<b>3rd PV System INSTALLATION</b>	
<b>Dates Job Performed</b> (mm/yyyy) From:  To:	<b>a) Job Location Physical Address:</b> Address      City      State      Zip  <b>b) System owner/operator Contact Info:</b> Name      Phone Number
<b>Total System size:</b> (in watts or kW.	<b>c) System Components: # and size of panels, inverter, batteries, etc.</b>
<b>Does the system have an inverter?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>d) Permitting and Inspection Authority:</b> 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: <input type="checkbox"/>	Explanation of lack of permitting or inspection opportunity (if applicable):
<b>e) Responsible contractor, installer or business (if different from applicant)</b> Name      Phone Number	
Description of work performed by applicant, number of workers supervised, and level of responsibility:	

## 5. Fees

- It is suggested that certificants file a Recertification Application and pay the \$300 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 \$ \_\_\_\_\_.

## 6. 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](mailto: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
<b>Credit Card Billing Address:</b> 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:  Solar Photovoltaic  Solar Thermal  Small Wind  PV Technical Sales

## 3. FEES (check one)

<input type="checkbox"/> \$100 Online Application fee	<input type="checkbox"/> <b>\$150 Paper Application Fee</b>
<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"/> \$25 Duplicate Document fee

Check or money order payable to NABCEP  VISA  MasterCard

Name on card: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_

<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> </table> <p style="text-align: center;">M M / Y Y Expiration Date</p>					<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> <td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td><td style="width:25%;"></td> </tr> </table> <p style="text-align: center;">Credit Card number (do not use spaces or dashes)</p>																

## 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: \_\_\_\_\_

Please send Payment Remittance Form to:  
 NABCEP  
 56 Clifton Country Road, Suite 202, Clifton Park, NY, 12065  
 Fax: (518) 899-1092  
 Email: [applications@nabcep.org](mailto:applications@nabcep.org)