

# APPLICATION for RECERTIFICATION

## Small Wind 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 clearly.**

<b>1. PERSONAL INFORMATION</b>				
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>2. PRIOR NAME INFORMATION</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>				
<b>3. BUSINESS INFORMATION</b>				
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:	
<b>4. EXISTING LICENSES, CERTIFICATIONS AND REGISTRATIONS</b>				
If licenses, registrations or certifications (other than NABCEP) are required for Small Wind 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		



## 6. Small Wind INSTALLATION Requirement

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

A Small Wind installation will qualify only if the applicant has a **responsible role** in decision-making on the job (see definition in Section 5.2.2 of the CIH). A small wind energy system is defined as a grid connected or off-grid system with or without batteries rated at 100 kW or less.

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 small wind 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 Copies of any permits or inspection certificates acquired, letter from employer, a letter from the system owner, as built design documents, a letter from the building inspector or permitting authority or authority having jurisdiction (AHJ), final invoice from installation company or letter from a public benefits program.

<b><u>1<sup>st</sup> System</u></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> type of turbine, tower height, rotor size, 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"/>	<b>Explanation of lack of permitting or inspection opportunity (if applicable):</b>

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

## 2nd Small Wind 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:</b> type of turbine, tower height, rotor size, 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"/>	<b>Explanation of lack of permitting or inspection opportunity (if applicable):</b>
<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 Small Wind 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:</b> type of turbine, tower height, rotor size, 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"/>	<b>Explanation of lack of permitting or inspection opportunity (if applicable):</b>
<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:*

### 7. 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 \$ \_\_\_\_\_.

### 8. ATTEST STATEMENT

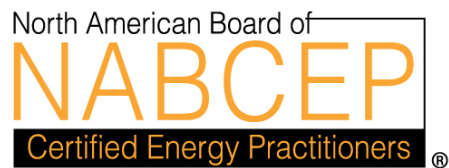
**By signing below, I attest that the information contained in this Application for Recertification is true and correct to the best of my knowledge. Furthermore, I acknowledge the right of NABCEP to verify this information by contacting the proper authorities. I also attest that I continue to follow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

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Please return the application for recertification to NABCEP.

NABCEP  
634 Plank Rd, Suite 102  
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 <b>Company Name on Card</b>	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: <input type="checkbox"/> Solar Photovoltaic <input type="checkbox"/> Solar Thermal <input type="checkbox"/> Small Wind			
3. FEES (check one)			
<input type="checkbox"/> \$100 Application fee		<input type="checkbox"/> <b>\$50 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	
<input type="checkbox"/> Check or money order payable to NABCEP. <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard			
Name on card: _____		Signature of cardholder: _____	
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 25px;"></div>		<div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div> <div style="border: 1px solid black; display: inline-block; width: 100px; height: 25px;"></div>	
M M / Y Y Expiration Date		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: _____			
<b>Send this form and Payment to:</b> Professional Testing, Inc. <b>NABCEP</b> PO Box 691226 Orlando, FL 32819-1226			
		Fax: (407) 264-2855 Email: nabcep@proftesting.com	