

APPLICATION for RECERTIFICATION

Small Wind Installer

The Recertification Fee for Paper Applications is now \$350

<u>Please refer to the Candidate Information Handbook for complete instructions & policies.</u>

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

Please type or print all information clearly.

1. PERSONAL INFORMATION					
Last Name First	N	Middle	Suffix	Birth Date (mm/dd/yyyy)	
Current Mailing Address: Street Address of	P.O. Box				
City	State	2	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		
E-Mail Address					
			circumstances. Yes No lf yes, please list your email in the box at left.		
2. PF	RIOR NAME	INFC			
Has your address or name changed since you below.	ur NABCEP cert	tificatio	on? If so, please	ist your old address and/or name	
Prior Address: Street Address or P.O. Box, C	ity, State, Zip				
Name Change: Old Name	Name Change: Old Name Reason for Name Change: (optional)				
NABCEP Certification Number: (If known)					
3. BUSINESS INFORMATION					
Do you Own your Renewable Energy Busin	ess? Yes 🗌	No [If yes, please	provide your Business info below.	
Business Name(s) and/or DBA(s) used currently:			Business Incorporation or other Effective Date:		
4. EXISTING LICENSES, CERTIFICATIONS AND REGISTRATIONS					
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.					
License, Certification or Registration Type	State or Jurisdic	ction		Held since (date)	
License, Certification or Registration Number Name Used					
2. License, Certification or Registration Type	State or Jurisdic	ction		Held since (date)	
License, Certification or Registration Number		e Used			

3. License, Certifica	ation or Registration Type	State or J	lurisdiction	Held since (date)		
License, Certificatio	n or Registration Number		Name Used			
Additional licenses, certifications or registrations are identified on an attached page: Yes No						
	5. CONTINUING EDUCATION Requirement					
To maintain certification, the certified installer must document the completion of: 1) At least 12 contact hours of technical instruction covering the Small Wind Installer Task Analysis which includes courses relevant to Small Wind installation covering building & electrical code and safety 2) Up to an additional 6 contact hours of instruction related to Small Wind installation 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 12.8 of the Candidate Information Handbook for details)						
A wide variety of courses can meet NABCEP approval but must be either registered with NABCEP as continuing education or offered by institution or program that: 1. Is accredited by an agency recognized by the federal Department of Education. 2. Offered by any Joint Apprenticeship and Training Committee or U.S. Department of Labor Approved Apprenticeship Program.						
 Approved by State Contractor Licensing Boards. Offered by a training program accredited, or instructor certified, by the Institute for Sustainable Power or similar accrediting body. 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 which have been prepared to cause learning. 						
	act hours for the course must ent on sales presentations, b		ed by the provider before the co el, receptions, or meals.	ourse is offered. Credit is not		
Small Wind Task Analysis and courses relevant to Small Wind covering building and electrical code and safety (at least 12 contact hours)	Please list the n	ame, date		urse, as well as total #CEUs:		
	Please list the n	ame, date	e, and instructor of the cou	urse, as well as total #CEUs:		
"Other" Subjects (up to 6 hours)		T 24-1	# 05H "O4b ov" Oveb in a 1	aura Completo I		
		<u>ı otal</u>	# CEU "Other" Subject Ho	Jui s Completea:		

*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.

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 <u>Recertification</u>, it is now <u>optional</u> 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 <u>optional</u> 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.

Does the system have an inverter? To: Does the system have an inverter? Jurisdiction Permitting and Inspection Authority: Jurisdiction Permitting or inspecting authority was available, check here and explain at right:							
To: Total System size: (in watts or kW) C) System Components: type of turbine, tower height, rotor size, inverter, batteries, etc Obes the system have an inverter? Yes \[\] No \[\] If no permitting or inspecting authority was available, check here and explain at right: \[\] E) Responsible contractor, installer or business (if different from applicant) Name Description of work performed by applicant, number of workers supervised, and level of responsibility:		a) Job Location	n Physical Address:	Address	City	State	Zip
Total System size: (in watts or kW) C) System Components: type of turbine, tower height, rotor size, inverter, batteries, etc Does the system have an inverter? Yes No County Lot# (if required for Permit) If no permitting or inspecting authority was available, check here and explain at right: P) Responsible contractor, installer or business (if different from applicant) Name Description of work performed by applicant, number of workers supervised, and level of responsibility:		b) System own	ner/operator Contact	Info: Name	Phon	e Number	
Does the system have an inverter? Yes No Hoperatiting and Inspection Authority: Jurisdiction Permitijob number Date County Lot# (if required for Permit) If no permitting or inspecting authority was available, check here and explain at right: Pey 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:							
An inverter? Yes No No Home Note County Lot# (if required for Permit) Yes No No Home Note County Lot# (if required for Permit) Yes No No Home Note County Note (if required for Permit) Yes No Home Note (if applicable): **The Note of the Note of t		c) System Con	nponents : type of turb	ine, tower heigl	ht, rotor size, in	verter, batteries, e	tc
inspecting authority was available, check here and explain at right: 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:	an inverter?				County	Lot# (if required fo	or Permit)
Description of work performed by applicant, number of workers supervised, and level of responsibility:	inspecting authority was available, check here and	Explanation of la	ck of permitting or ins	pection opportu	nity (if applicab	le):	
2nd Small Wind System INSTALLATION	Description of work perf	ormed by applica	ant, number of work	ers supervise	d, and level o	^r responsibility:	
	2nd Small Wind System INSTALLATION						

(mm/\0,0,0,0)	a) Job Location Physical Address: Address	City	State Zip
(mm/yyyy)			
From:		Б.	
To:	b) System owner/operator Contact Info: Name	Pho	ne Number
Total System size:	c) System Components: type of turbine, tower heigh	t rotor size in	overter hatteries etc
(in watts or kW)	cy system components. type of tarbine, tower neight	t, 10t01 3126, 11	iverter, batteries, etc.
()			
Does the system have	d) Permitting and Inspection Authority:		
an inverter?	Jurisdiction Permit/job number Date	County	Lot# (if required for Permit)
Yes No No			
If no permitting or	Explanation of lack of permitting or inspection opportun	nity (if applical	ble):
inspecting authority was		, , , ,	,
available, check here and			
explain at right:			
e) Responsible contract	tor, installer or business (if different from applicant)		
Name	Phone Number		
Description of work per	formed by applicant, number of workers supervised	d. and level c	of responsibility:
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	3rd Small Wind System INSTALL ATIO	N	
Datas Jak Daufaumad	3rd Small Wind System INSTALLATIO		Ctata 7in
Dates Job Performed	3rd Small Wind System INSTALLATIO a) Job Location Physical Address: Address	City	State Zip
(mm/yyyy)	<u> </u>		State Zip
	a) Job Location Physical Address: Address	City	
(mm/yyyy) From:	<u> </u>	City	State Zip ne Number
(mm/yyyy)	a) Job Location Physical Address: Address	City	
(mm/yyyy) From: To:	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name	City	ne Number
(mm/yyyy) From: To: Total System size:	a) Job Location Physical Address: Address	City	ne Number
(mm/yyyy) From: To:	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name	City	ne Number
(mm/yyyy) From: To: Total System size:	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name	City	ne Number
(mm/yyyy) From: To: Total System size: (in watts or kW.	 a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height 	City	ne Number
(mm/yyyy) From: To: Total System size: (in watts or kW.	 a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height d) Permitting and Inspection Authority: 	City Pho t, rotor size, in	ne Number nverter, batteries, etc.
(mm/yyyy) From: To: Total System size: (in watts or kW. Does the system have an inverter?	 a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height 	City	ne Number
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(mm/yyyy) From: To: Total System size: (in watts or kW. Does the system have an inverter? Yes \(\text{No} \) If no permitting or inspecting authority was available, check here and	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height d) Permitting and Inspection Authority: Jurisdiction Permit/job number Date	City Phor t, rotor size, in	ne Number nverter, batteries, etc. Lot# (if required for Permit)
(mm/yyyy) From: To: Total System size: (in watts or kW. Does the system have an inverter? Yes \(\) No \(\) If no permitting or inspecting authority was	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height d) Permitting and Inspection Authority: Jurisdiction Permit/job number Date	City Phor t, rotor size, in	ne Number nverter, batteries, etc. Lot# (if required for Permit)
(mm/yyyy) From: To: Total System size: (in watts or kW. Does the system have an inverter? Yes No If no permitting or inspecting authority was available, check here and explain at right:	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height d) Permitting and Inspection Authority: Jurisdiction Permit/job number Date Explanation of lack of permitting or inspection opportunity.	City Phor t, rotor size, in	ne Number nverter, batteries, etc. Lot# (if required for Permit)
(mm/yyyy) From: To: Total System size: (in watts or kW. Does the system have an inverter? Yes No If no permitting or inspecting authority was available, check here and explain at right:	a) Job Location Physical Address: Address b) System owner/operator Contact Info: Name c) System Components: type of turbine, tower height d) Permitting and Inspection Authority: Jurisdiction Permit/job number Date	City Phorit, rotor size, in	ne Number nverter, batteries, etc. Lot# (if required for Permit)

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 Company Name on Card	First		Middle	Suffix	
Credit Card Billing Address: Street Address or	Credit Card Billing Address: Street Address or P.O. Box				
-					
Address line 2					
City	State		Zip Code	Country	
Phone Number	E-Mail Address				
	2. Certific	cation T	ype		
This regards certification in: ☐ Solar Ph	otovoltaic		□Solar Therma	I ☐ Small Wind	
	3. FEES ((check o	one)		
\$100 Application fee		☐ \$50	Paper Application F		
☐ \$300 First time exam fee		□ \$26	00 Exam Retake fee		
☐ \$300 Recertification Application fee		□ \$50	Recertification Late Fe	е	
☐ \$200 Continuing Education Application fee		☐ \$30¢	0 PV Entry Level Provid	der fee	
☐ \$75 Entry Level Exam fee ☐ \$25 □			\$25 Duplicate Document fee		
Check or money order payable to NABCEP. VISA Mastercard					
Name on card: Signature of cardholder:					
M M / Y Y Credit Card number (do not use spaces or dashes) Expiration Date					
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:					
Professional Testing, Inc. NABCEP) 264-2855	
PO Box 691226 Orlando, FL 32819-1226			Email: nabcep@proftesting.com		