



## APPLICATION for RECERTIFICATION Solar PV Installer

Please type or print all information clearly.

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		





To:	<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:	
<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:</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:

### 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  
634 Plank Rd, Suite 102  
Clifton Park, NY, 12065  
Email: info@nabcep.org

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