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Solar Thermal Installer Certification APPLICATION FOR RECERTIFICATION

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 Thermal 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
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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 on the latest version of the UPC or State Jurisdictional Code and other sections relevant to the installation of Solar Thermal systems; 2) At least 6 hours of technical Solar Thermal related to the most recent version of the NABCEP Solar Thermal Installer Task Analysis or complementary to solar thermal technology; 3) "Other" - Up to an additional 6 hours of instruction related to solar thermal 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 pages 14-15 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, the National Electrical Code, related to the most recent OSHA safety standards and core competencies of the NABCEP Solar Thermal 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 which have been prepared to cause learning. The number of contact hours for the course must be specified by the provider before the course is offered. Credit is not awarded for time spent on sales presentations, breaks, travel, receptions, or meals.

UPC or State Jurisdictional Code and other sections relevant to the installation of Solar Thermal systems (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 UPC or State Jurisdictional Code and other sections relevant _____</p>
NABCEP Task Analysis/ PV 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 ST 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.

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

5. (Cont.) Solar Thermal 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.

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

6. Fees
<ul style="list-style-type: none"> • It is suggested that certificants file a Recertification Application and pay the <u>\$300</u> 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 <u>\$50</u> in addition to the <u>\$300</u> 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.

<p>NABCEP 634 Plank Rd, Suite 102 Clifton Park, NY, 12065 Email: info@nabcep.org</p> <p>Phone: (800) 654-0021 Fax (518) 899-1092</p>
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