



TM

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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5. Solar Thermal INSTALLATION Requirement – 1st System

Recertification requires that you install three qualifying 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.

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)
If no permitting or inspecting authority was available, check here and explain at right:	Explanation of lack of permitting or inspection opportunity (if applicable):
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:	

5. (Cont.) Solar Thermal INSTALLATION Requirement – 2nd System

Dates Job Performed (mm/yyyy) From:	a) Job Location Physical Address: Address City State Zip
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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:	<i>Explanation of lack of permitting or inspection opportunity (if applicable):</i>
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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:	a) Job Location Physical Address: Address _____ City _____ State _____ Zip _____
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) _____
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If no permitting or inspecting authority was available, check here and explain at right:	<i>Explanation of lack of permitting or inspection opportunity (if applicable):</i>
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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

- 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 \$ _____.

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: _____