



Small Wind Installer Certification APPLICATION FORM

The Application Fee for Paper Applications is now **\$150**

Please refer to the Candidate Information Handbook for complete instructions & policies.

Please refer to www.nabcep.org for the latest exam date and application deadlines.

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

Please type or print all information.

| 1. PERSONAL INFORMATION | | | |
|---|--|--|---|
| Last Name | First | Middle | Suffix |
| Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> | Birth Date (mm/dd/yyyy) ____/____/____ | | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Mailing Address: Street Address or P.O. Box | | | |
| Address line 2 | | | |
| City | State | Zip Code | Country |
| Residence Address (If different than mailing address above): Street Address or P.O. Box | | | |
| Address line 2 | | | |
| 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 under any circumstances. Yes, send me email <input type="checkbox"/> No <input type="checkbox"/> | |
| E-Mail Address | | | |
| 2. PRIOR NAME INFORMATION | | | |
| Have you used, been known as, or called by another name (example - maiden name, pseudonym, nickname or alias) other than the name signed to the application? If your answer is yes, state name or names used below. | | | |
| Last Name | First name | Middle | Dates Used |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 3. 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 past or currently: | | Business Incorporation or other Effective Date: | |

4. PRIOR AND EXISTING LICENSES, CERTIFICATIONS AND REGISTRATIONS

If you currently or previously have held business or professional license(s), certification(s) or registration(s) in any jurisdiction, please list them below. Copy this section and attach the copy if you need additional space.

| | | | |
|--|--------------------------|------------------------|--|
| 1. License, Certification or Registration Type | | State or Jurisdiction | |
| Status : Active <input type="checkbox"/> Inactive <input type="checkbox"/> | From (mm/dd/yyyy) / / | To (mm/dd/yyyy) / / | |
| License, Certification or Registration Number | | Name Used | |
| 2. License, Certification or Registration Type | | State or Jurisdiction | |
| Status : Active <input type="checkbox"/> Inactive <input type="checkbox"/> | From (mm/dd/yyyy) / / | To (mm/dd/yyyy) / / | |
| License, Certification or Registration Number | | Name Used | |
| 3. License, Certification or Registration Type | | State or Jurisdiction | |
| Status : Active <input type="checkbox"/> Inactive <input type="checkbox"/> | From (mm/dd/yyyy) / / | To (mm/dd/yyyy) / / | |
| License, Certification or Registration Number | | Name Used | |

Additional licenses, certifications or registrations are identified on an attached page: Yes No

5. QUALIFYING CATEGORY **

In order to be eligible for NABCEP certification, you must qualify through one of the categories below. Please read **ALL** categories carefully first. Note: Choose the category which is appropriate for you. (It may reduce your paperwork.)

- A Four wind system installations (within 4 years); AND a minimum of 70 hours cumulative training (see installation and training definition in Sections 5.2.2 and 5.2.3 of the Candidate Information Handbook);
- B Three years experience as a contractor with relevant experience in concrete, foundations, electrical, or tower construction; AND 4 installations within 4 years installing wind (see installation and training definition in Sections 5.2.2 and 5.2.3 of the Candidate Information Handbook);
- C Three years in a government or trade union approved apprentice program with training relevant to wind systems and their installation; AND 4 installations within 4 years installing wind (see installation and training definition in Sections 5.2.2 and 5.2.3 of the Candidate Information Handbook);
- D Two year or four year construction related, engineering technology, engineering, or renewable energy technology or technician degree from an accredited educational institution with training relevant to wind systems and their installation; AND 4 installations within 4 years installing wind(see installation and training definition in Sections 5.2.2 and 5.2.3 of the Candidate Information Handbook);
- E Be an ISPQ Small Wind Instructor or have instructed a minimum of 400 Hours of training that cover core competencies of the Job Task Analysis at an acceptable training institution; AND 4 installations within 4 years of submitting this application (see installation and training definition in Section 5.2.2 and 5.2.3 of the Candidate Information Handbook).

6. VERIFICATION OF EMPLOYMENT AND EXPERIENCE

Hands-on experience is required for certification. Please document employment in a manner to demonstrate sufficient experience for the qualifying category (Section 5 of this Application) you have selected.

List employment in chronological order, starting with most current employment and include a job description summarizing responsibilities and # of/type of systems installed. In addition, a supervisor will need to sign off on your current employment in an attached letter. *If you are or were self-employed, provide a detailed description of your work and sign off on it.*

The **Candidate Information Handbook** Section 5.3 contains additional information on filling out this employment history.

If you are qualifying under category (B), you must provide supporting documentation for three years experience as a licensed contractor with relevant experience in concrete, foundations, electrical, or tower construction

Employer Business Name:

Address _____ City _____ State _____ Zip Code _____

Dates Employed (mm/dd/yyyy):

From: / / To: / /

Estimated # of installs
in which you participated: _____

Your Supervisor:

Telephone Number:

Provide a description of your duties and supervisory responsibilities. If your position changed during this employment, list dates for each position, beginning with your current or most recent position. Describe your duties, including the type and number of systems installed and your role in the installations. Use additional sheets if necessary.

In addition, a supervisor will need to sign off on your current employment. Please attach a letter from your supervisor. *If you are or were self-employed, sign the section below yourself, attesting to your work.*

Self-employment Verification: I performed small wind installation work in the job described above as a self-employed individual.

Signature _____ Date _____

6. VERIFICATION OF EMPLOYMENT AND EXPERIENCE – Continued

Copy this page as needed to document your employment history covering the time-period required for the Qualifying Category (see Section 4 of this Application Form) by which you are qualifying to sit for the NABCEP exam and certification.

If you are qualifying under category (B), you must provide supporting documentation for three years experience as a licensed contractor with relevant experience in concrete, foundations, electrical, or tower construction

Employer Business Name:

Address City State Zip Code

Dates Employed (mm/dd/yyyy):

From: / / To: / / Estimated # of installs in which you participated: _____

Your Supervisor: Telephone Number:

Provide a description of your duties and supervisory responsibilities. If your position changed during this employment, list dates for each position, beginning with your current or most recent position. Describe your duties, including the type and number of systems installed and your role in the installations. Use additional sheets if necessary.

Employer Business Name:

Address City State Zip Code

Dates Employed (mm/dd/yyyy):

From: / / To: / / Estimated # of installs in which you participated: _____

Your Supervisor: Telephone Number:

Provide a description of your duties and supervisory responsibilities. If your position changed during this employment, list dates for each position, beginning with your current or most recent position. Describe your duties, including the type and number of systems installed and your role in the installations. Use additional sheets if necessary.

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

Has this installation been continuously operational for a minimum of 1 year? (Y/N) _____
 Is this installation on a minimum of an 80 foot high tilt-up tower? (Y/N) _____
 Is this a crane installation on a minimum of an 80 foot tall tower? (Y/N) _____
 Does this installation's turbine have a rotor diameter greater than 11.5 feet? (Y/N) _____

If you answered yes to any of the questions above, please provide supporting documentation.

*List of documentation attached: * See Candidate Information Handbook Section 5.4 for details on acceptable documentation.*

- Copies of permit(s) (list # attached _____) OTHER Documentation (please describe below):
- Copies of inspection certificate(s) (list # attached _____)
- Optional photo of the system (list # attached _____)
- Optional letter(s) from customers (list # attached _____)
- Optional design plans (list # of pages attached _____)
- Optional employer verification letter(s) (list # attached _____)

7. SMALL WIND INSTALLATION REQUIREMENT – 2 of 4 – Continued

See instructions on previous page, and in Section 5.4 of the **Candidate Information Handbook**. Copy this page as needed.

| | |
|---|---|
| Dates Job Performed (mm/yyyy) | a) Job Location Physical Address: Address City State Zip |
| From: | b) System owner/operator: Name Phone Number |
| To: | |
| Total System size: (in watts or kW) | c) System Components: <i>type of turbine, tower height, rotor size, inverter, batteries, etc.</i> |
| Does the system have an inverter? Yes <input type="checkbox"/> No <input type="checkbox"/> | d) Permitting and Inspection Authority: <i>(attach COPIES of any permits or inspection certificates)</i> 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"/> | <i>Explanation of lack of permitting or inspection opportunity (if applicable):</i> |
| 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:

Has this installation been continuously operational for a minimum of 1 year? (Y/N) _____
 Is this installation on a minimum of an 80 foot high tilt-up tower? (Y/N) _____
 Is this a crane installation on a minimum of an 80 foot tall tower? (Y/N) _____
 Does this installation's turbine have a rotor diameter greater than 11.5 feet? (Y/N) _____

If you answered yes to any of the questions above, please provide supporting documentation.

List of documentation attached: See Candidate Information Handbook Section 5.4 for details on acceptable documentation.

- Copies of permit(s) (list # attached _____) OTHER Documentation (please describe below):
- Copies of inspection certificate(s) (list # attached _____)
- Optional photo of the system (list # attached _____)
- Optional letter(s) from customers (list # attached _____)
- Optional design plans (list # of pages attached _____)
- Optional employer verification letter(s) (list # attached _____)

7. SMALL WIND INSTALLATION REQUIREMENT – 3 of 4 – Continued

See instructions on previous page, and in Section 5.4 of the Candidate Information Handbook. Copy this page as needed.

| | |
|---|--|
| Dates Job Performed (mm/yyyy) From: To: | a) Job Location Physical Address: Address City State Zip |
| | b) System owner/operator: Name Phone Number |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | d) Permitting and Inspection Authority: (attach COPIES of any permits or inspection certificates) 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): |

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:

Has this installation been continuously operational for a minimum of 1 year? (Y/N) _____
 Is this installation on a minimum of an 80 foot high tilt-up tower? (Y/N) _____
 Is this a crane installation on a minimum of an 80 foot tall tower? (Y/N) _____
 Does this installation's turbine have a rotor diameter greater than 11.5 feet? (Y/N) _____

If you answered yes to any of the questions above, please provide supporting documentation.

List of documentation attached: See Candidate Information Handbook Section 5.4 for details on acceptable documentation.

- Copies of permit(s) (list # attached _____) OTHER Documentation (please describe below):
- Copies of inspection certificate(s) (list # attached _____)
- Optional photo of the system (list # attached _____)
- Optional letter(s) from customers (list # attached _____)
- Optional design plans (list # of pages attached _____)
- Optional employer verification letter(s) (list # attached _____)

7. SMALL WIND INSTALLATION REQUIREMENT – 4 of 4 – Continued

See instructions on previous page, and in Section 5.4 of the Candidate Information Handbook. Copy this page as needed.

| | |
|---|--|
| Dates Job Performed (mm/yyyy) From: To: | a) Job Location Physical Address: Address City State Zip |
| | b) System owner/operator: Name Phone Number |
| 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 <input type="checkbox"/> No <input type="checkbox"/> | d) Permitting and Inspection Authority: (attach COPIES of any permits or inspection certificates) 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): |

e) Responsible contractor, installer or business (if different from applicant):
 Name Phone Number

| | |
|---------------------------------|---|
| | |
| Qualifying Category C | <p><i>Indicate apprenticeship program sponsor and give a program description and dates. Attach proof of completion and proof of training relevant to wind systems and their installation.</i></p> <hr/> <hr/> <hr/> |
| Qualifying Category D | <p><i>Indicate institution, degree(s) earned (dates), attach proof of completion and proof of training relevant to wind systems and their installation.</i></p> <hr/> <hr/> <hr/> |

9. SPECIAL ACCOMMODATIONS REQUESTS

Are you requesting special testing accommodations for a disability or religious observance? Yes No

If you answered yes, please complete the Request for Special Exam Accommodations Form (in the **Candidate Information Handbook**) and attach it to your application. Please refer to Section 5.3 of the **Candidate Information Handbook** for details.

10. PAYMENT INFORMATION

Please enclose a check or money order payable to NABCEP in the amount of \$100 U.S., a nonrefundable Application Fee.

11. CODE OF ETHICS

The Code of Ethics of the Photovoltaic Practitioner requires certificants to uphold professional standards that allow for the proper and ethical discharge of their responsibilities and maintain the integrity of the credential. Through the establishment of the Code of Ethics, the NABCEP Board of Directors seeks to assure the highest standards of behavior and principles in the renewable energy and energy efficiency industries. For a copy of the complete Code of Ethics, See Appendix II of the **Candidate Information Handbook**. As a certificant, I agree to uphold and abide by the NABCEP Code of Ethics. I will:

- deal with all clients, consumers, and other professionals and professional organizations fairly and in a timely manner;
- provide safe and quality services to clients and consumers;
- respect and promote the rights of clients and consumers by offering only professional services that I am qualified to perform, and by adequately informing clients and consumers about nature of proposed services, including any relevant concerns or risks;
- maintain the confidentiality and privacy of all client and consumer information;
- avoid conduct which may cause a conflict with client or others;
- engage in moral and ethical business practices, including accurate and truthful representations concerning professional information and system performance expectations;
- be truthful with regard to research sources, findings, and related professional activities;
- maintain accurate and complete business and professional records;
- respect the intellectual property and contributions of others;
- further the professionalism of renewable energy industry services; and,
- behave in a courteous and professional manner when communicating with NABCEP representatives.

12. AGREEMENT, ATTESTATION OF ACCURACY, AND RELEASE

By signing this agreement below, I represent and agree to the following terms, conditions, and releases related to the North American Board of Certified Energy Practitioners, Inc., (NABCEP) and the Small Wind Installer Certification:

1. I understand and accept all NABCEP certification policies, procedures, and requirements. I agree to satisfy, and conduct myself in accordance with, all NABCEP policies and procedures, and any decisions or policies issued by the NABCEP Board of Directors or its authorized representatives, as currently constituted and as amended. I agree that if NABCEP determines that my compliance with a NABCEP policy, procedure, other requirement, or any of the terms of this agreement requires or includes an explanation, additional information, and/or supporting documents, I will provide a complete and accurate response and true copies of the materials to NABCEP in a timely manner. I agree that any refusal or failure to provide true, timely, and complete responses to questions in this application, renewal forms, or to other NABCEP requests for information may lead to further investigation, and/or sanctions by NABCEP Board of Directors, including the denial or revocation of a certification. I agree that the NABCEP has the right to communicate with any person, government agency, or organization to review or confirm the information in this certification application or any other information related to my application or Small Wind Installer Certification. I agree that NABCEP may investigate my professional standing. Further, I agree to, and authorize the release of, any information requested by NABCEP for such review and confirmation. I agree that all materials that I submit to NABCEP will become the property of NABCEP, and that NABCEP is not required to return any of these materials to me. I agree to notify NABCEP in a timely manner, of any changes concerning the information I have provided, including address and telephone number information. I agree that information related to my participation in the NABCEP certification process may be used in an anonymous manner for research purposes, and for other lawful purposes authorized by the Board of Directors. I agree that upon designation as a Certified Small Wind Installer by NABCEP, my professional contact information will be considered public information and may be made available to the public upon request. I agree that my Small Wind Installer Certification does not imply licensure or registration. I agree and accept that I shall not engage in any form of dishonest behavior with regard to the Small Wind Installer Certification examination. I understand that such dishonesty includes, but is not limited to, the following: using unauthorized materials to complete my Small Wind Installer examination; copying the work of another candidate or other individual, or representing another candidate's or other individual's work as my own work; having another individual take or otherwise assist me in completing the examination; providing unauthorized materials or information to others during the examination; and any other activity which may provide me or another candidate with an unfair advantage. I agree and accept that all communications, written, oral or otherwise, during the Small Wind Installer examination are forbidden, as is the use of any outside notes, books, calculators or other material in any form other than those provided by NABCEP for use during the examination itself. I understand and accept that the contents of all NABCEP test and examination related information and materials shall be held strictly confidential, and that the entire ownership interest in this information and materials is held by NABCEP and controlled by the NABCEP Board of Directors. I understand and accept that my possession of any test and examination related information is for the sole purpose of taking the Small Wind Installer Certification examination, and that no other person, group of individuals, corporation, or other entity shall have any license or permission to use any test and examination related information. I agree not to discuss, share, distribute, reproduce in any manner, or otherwise disclose the specific content of the Small Wind Installer test questions, answers, and examination related information and materials to any individual or organization.
2. I understand and accept that, in appropriate circumstances as determined by the NABCEP Board and its representatives, NABCEP reserves the sole and exclusive rights to: suspend, cancel, revoke, or otherwise terminate any eligibility, certification decisions, and any rights or privileges related to the Small Wind Installer Certification process; and, suspend or terminate candidate examination privileges, exam scoring, or other test evaluation activities. Among other circumstances, the suspension or termination of examination or other privileges, and the issuance of remedial and/or disciplinary actions, will be authorized, where: a specialty certification application or testing irregularity or impropriety occurs; a candidate or Certified Small Wind Installer engages in misconduct or other conduct contrary to NABCEP policies and requirements; or, certification eligibility information or testing scoring or evaluation results are determined to be invalid for any other reason.
3. I agree that all disputes relating in any way to my Small Wind Installer application and examination will be resolved solely and exclusively by means of NABCEP policies, procedures, and rules, including the NABCEP Certification Appeals Procedures.
4. I certify that the information I have provided with respect to this application is accurate and complete. I understand that any misrepresentations or incorrect information provided to NABCEP can result in discipline or sanctions, including certification ineligibility, suspension, or revocation.
5. I release, discharge, and indemnify NABCEP, its directors, officers, examiners, employees, attorneys, representatives, and agents from all liability and claims that may arise out of, or be related to, my professional practice and related activities.
6. I release, discharge, and indemnify NABCEP, its directors, officers, examiners, employees, attorneys, representatives, and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, this application, NABCEP examination activities, or any other action taken by the NABCEP Board of Directors and NABCEP with regard to its certification activities, including, but not limited to, all actions related to ethics policies and matters. I understand and agree that any decision concerning my qualifications and eligibility for any specialty certification, and my continuing qualification for any specialty certification, rests within the sole and

exclusive discretion of the NABCEP Board of Directors and that these decisions are final.

I fully understand and agree to each and all of the terms set forth above.

Signature: _____ Date: _____

Printed Name: _____

Send Application form and Payment to:

Professional Testing, Inc.
NABCEP
7680 Universal Blvd., Suite 300
Orlando, FL 32819
Phone: (800) 654-0021 • Fax: (407) 264-2855

13. INSTRUCTIONS

Your application form should be postmarked by the date marked on the first page of this application form.

Your application form needs to be complete at the time it is submitted, containing all attachments and photocopies required.
Do not send pieces under separate cover.

You will be notified that your application has been approved approximately 5 weeks prior to the exam. Please call NABCEP if you have not received notification of approval or denial of eligibility to sit for the Exam, and your Exam Scheduling Form, at 4 weeks prior to the exam date.

Small Wind Installer Application Checklist

- Did you accurately complete the Personal Information Section of the Application Form?
- Did you select the Qualification Category option that best describes your experience?
- Did you attach a letter signed by your current supervisor (unless you are self-employed)?
- Did you attach copies of permit(s) for the Small Wind installations listed?
- Did you attach copies of inspection certificate(s) for Small Wind installations listed?
- Did you attach *optional* documentation for Small Wind installations listed (such as letters from the customer, photos, design plans, a letter from your employer, etc.)?
- Did you submit copies of official transcripts or diplomas for any training, education and/or degrees required for the Qualifying Category you have selected?
- Did you attach the Special Testing Accommodations Form if you desire special accommodations?
- Did you put your NAME at the top of each page of the application?
- Did you put your NAME at the top of each attachment?
- Did you read the Code of the Ethics and sign Agreement that follows it?
- Did you make a COPY of the entire application form and supporting documentation?
- Have you enclosed a check or money order for \$100 payable to NABCEP?

STATEMENT OF NONDISCRIMINATORY POLICY

The North American Board of Certified Energy Practitioners is dedicated to the principles of equal opportunity and equal access to its programs and services. NABCEP does not discriminate against any individual on the basis of religion, gender, ethnic background, nationality, disability, sexual orientation, or other reason prohibited by law. NABCEP grants certification without regard to an applicant's membership or non-membership on any organization, association or other group.

STATEMENT OF CONFIDENTIALITY POLICY

Unless authorized by NABCEP policy or practice, NABCEP will take all reasonable precautions to ensure that candidate application information will not be released to 3rd parties.

Professional Testing, Inc.
NABCEP
PO Box 691226
Orlando, FL 32819-1226

Email: nabcep@proftesting.com
Phone: (800) 654-0021 Fax (407) 264-2855



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.

| 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 | | | | |
| 2. PRIOR NAME INFORMATION | | | | |
| 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) | | | | |
| 3. 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: | |
| 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. | | | | |
| 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) | |

| 2nd Small Wind System INSTALLATION | |
|---|--|
| 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 watts or kW) | c) System Components: type of turbine, tower height, rotor size, inverter, batteries, etc. |
| Does the system have an inverter? Yes <input type="checkbox"/> No <input type="checkbox"/> | 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"/> | <i>Explanation of lack of permitting or inspection opportunity (if applicable):</i> |
| e) Responsible contractor, installer or business (if different from applicant) Name Phone Number | |
| <i>Description of work performed by applicant, number of workers supervised, and level of responsibility:</i> | |
| 3rd Small Wind System INSTALLATION | |
| 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 watts or kW) | c) System Components: type of turbine, tower height, rotor size, inverter, batteries, etc. |
| Does the system have an inverter? Yes <input type="checkbox"/> No <input type="checkbox"/> | 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"/> | <i>Explanation of lack of permitting or inspection opportunity (if applicable):</i> |

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:

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

