



Commercial Installer Re-Certification Registration Form

RE-CERTIFICATION REGISTRATION INFORMATION:

Full Name: _____

ID #: _____

Company Name: _____

Company Website: _____

Company Address: _____

City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone: () _____ Fax: () _____

Home Mailing Address: _____

City: _____

State/Province: _____ Postal Code: _____ Country: _____

Phone: () _____ Fax: () _____

E-mail: _____ Cell: () _____

Send Materials to: Company Address Home Address

Check to be listed on the InstallationMasters™ website:

RE-CERTIFICATION PAYMENT INFORMATION:

Testing Fee \$150

My check, made payable to Architectural Testing, Inc. is enclosed.

Please charge my credit card: American Express Master Card VISA

Credit Card Number: _____

Exp. Date: _____ CVV2 Indicator Code: _____

Name on Card: _____

Cardholder Signature: _____

Street: _____

City: _____ State/Prov: _____ Postal Code: _____

Mail completed form to:

Architectural Testing, Inc.
Attention: InstallationMasters™ Commercial
130 Derry Court
York, PA 17406