



Accredited Instructor Affidavit

I, (name) _____, (title) _____, with

Company Name _____

Of (address) _____

City _____ State/Province _____ Postal Code _____

Phone (Office) _____ Cell _____ Fax _____

hereby swear and affirm that as an InstallationMasters™ Commercial Accredited Instructor, I will, to the best of my ability, work in compliance with the prescribed InstallationMasters™ Commercial training program, including the following:

- ◆ Conduct only official training sessions, according to the requirements of the program;
- ◆ Train only individuals who meet the qualification criteria for Certification Candidates, turning in an appropriate registration form and registration information for each;
- ◆ Provide the InstallationMasters™ Program Administrator with details regarding the training session, when and where the session will take place;
- ◆ Issue a new copy of the InstallationMasters™ Commercial Training manual to each participant;
- ◆ Use the Instructor's Manual, following the key areas of training so that, as a minimum, each candidate receives the same information;
- ◆ Use PowerPoint presentation in their entirety according to the instructions in the Instructor's Manual;
- ◆ Maintain the security of the examinations given to the candidates in accordance with the InstallationMasters™ Commercial Test Administration Manual*.

**A penalty of up to \$2,000 may be assessed to any trainer that willfully violates test security procedures.*

Signature

Date

Witnessed by

Date



Instructor Re-Accreditation Registration Form

Contact Name: _____

Company Name: _____

Mailing Address: _____

City: _____

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

Phone: (____) _____ Cell: (____) _____ Fax: (____) _____

E-mail: _____

Use Company information for Trainer contact Use the following information for Trainer contact

City: _____

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

Please post my information on the web

I do not wish to continue training for the InstallationMasters™ Training and Certification Program.
Please remove my information from the mailing list.

RE-ACCREDITATION / RE-EXAMINATION PAYMENT INFORMATION:

Currently Accredited
\$200 Re-Accreditation Fee
* Has taught 4 or more classes per certification period

Accreditation Expired
\$500 Re-Examination Fee
* Requires Proctor

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

Please charge my credit card: American Express Master Card Visa

Credit Card #: _____

*CVV2 Code: _____ Exp Date: _____

**This is the three or four digit number printed on the back of the card.*

Name on Card: _____

Address: _____

City: _____

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

InstallationMasters™ Program Administrator
130 Derry Court
York, PA 17406

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