



# Fenestration Canada Installer Certification Program Registration Form



PERSONAL INFORMATION	
Given Name(s):	Surname(s):
Home Address:	
Home Phone:	Personal Email:
EMPLOYED BY INFORMATION	
Company Name:	
Company Street Address:	
Company Phone:	Company Email:

**Correspondence should be sent to (select one):**

Business Address

Home Address

### **CERTIFICATION REQUIREMENTS**

All candidates must satisfy the following:

1. 1000 hours of installation experience within the past 3 years.
2. Completion of the certification exam with a minimum grade of 70% in a 3-hour period under proctor supervision.

### **Employment History** (List 2)

Employer Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Job Description/Title: \_\_\_\_\_ Employment (mm/yy): From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address/Location: \_\_\_\_\_

Job Description/Title: \_\_\_\_\_ Employment (mm/yy): From: \_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_



## CERTIFICATION TERMS AND CONDITIONS

1. I agree to notify Fenestration Canada in a timely manner of changes concerning the information I have provided, including my current address, telephone number, and e-mail.
2. I agree that Fenestration Canada has the right to communicate with any person, government agency or organization to review or confirm the information in this application or any other information related to my application for Fenestration Canada certification. Further, I agree to and authorize the release of any information requested by Fenestration Canada for such review and confirmation.
3. I understand that the Fenestration Canada credential status does not imply licensure, registration or government authorization to practice any specific job function or to engage in related activities.
4. I agree that all materials submitted to Fenestration Canada become the property of Fenestration Canada and that Fenestration Canada is not required to return any of these materials to me.
5. I agree that upon achieving the Fenestration Canada credential, Fenestration Canada may confirm my status.
6. I agree that all disputes relating in any way to my application for a Fenestration Canada certification and/or my involvement generally in a Fenestration Canada certification program, will be resolved solely and exclusively by means of Fenestration Canada policies, procedures and rules, including the stated appeals process.
7. Fenestration Canada reserves the right to suspend or revoke my credential if it is determined I have failed to uphold, or otherwise breached this Agreement, or committed a violation of the Fenestration Canada Code of Ethics and Professional conduct.
8. I release and indemnify Fenestration Canada from all liability and claims that may arise out of, or be related to, my certification and related activities.

## CODE OF ETHICS AND PROFESSIONAL CONDUCT

1. Provide equitable, honest and impartial treatment of customers;
2. Provide customers with accurate, objective, timely and understandable information;
3. Perform all services in a safe and professional manner;
4. Stay informed of and comply with all relevant laws, codes, regulations, standards and industry practices;
5. Protect proprietary and confidential information gained during the course of work; and
6. Promote positive activities which raise the level of professionalism of the industry.

## APPLICATION AND PRIVACY POLICY

I agree not to discuss or release in any form the contents of the exam as well as agree with the Privacy Statement. I affirm that all information provided in this application is correct. I agree to allow my name and certification information to be confirmed by Fenestration Canada. Fenestration Canada is committed to respecting the privacy of its members, customers, and other stakeholders with whom we interact in the development and delivery of products and services. Fenestration Canada does not sell or share your contact information with other organizations for commercial purposes.

As a Fenestration Canada Personnel Certification credential holder, I agree to conduct myself in a professional and thorough manner. I agree to the Terms and Conditions of my certification including adherence to the Code of Ethics and Professional Conduct and I agree to adhere to the Application and Privacy Policy set forth by Fenestration Canada.

Printed Name

Signature

Date



# Fenestration Canada Installer Certification Program Registration Form



**Certification is contingent upon meeting all program prerequisites AND the successful completion of the Fenestration Canada Installer Certification Examination.**

## PAYMENT INFORMATION

**All fees are non-refundable and in Canadian (CAD) funds.  
GST/HST shall be applied to subtotal at time of payment.**

### REGISTRATION FEE

SELECT	TYPE	FREQUENCY	COST	TOTAL
<input type="checkbox"/>	Initial Registration Fee	One-time	\$275.00	

### ALL FENESTRATION CANADA CERTIFICATION EXAMINATIONS ARE DELIVERED ONLINE

SELECT <u>ONE</u>	TYPE	FREQUENCY	COST	TOTAL
<input type="checkbox"/>	Online Proctored Exam Fee	Each time to use an online proctor service	\$275.00	
<input type="checkbox"/>	Approved Location Exam Fee	Each time a physical location provided by BP is used	\$300.00	
			SUB-TOTAL:	
			+ GST/HST:	
			<b>TOTAL:</b>	

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Cheque Enclosed
Card Number:	Expiry Date:	CVV:
Cardholder's Name:	Authorized Signature:	

**ALL fees are due at the time of application.  
Applications received without payment shall not be processed.**

**Please make cheque payable to: Building Professionals Inc.**

Building Professionals · Suite 410-250 McDermot Ave. · Winnipeg, MB R3B 0S5 · 833.213.9529

Please submit completed form along with payment to:

[admin@buildingprofessionals.com](mailto:admin@buildingprofessionals.com)