

InstallationMasters® General Registration Form



This page of the form must be filled out by all registrants. Follow the directions at the bottom of this form in order to complete additional pages required for your specific program registration.

To learn more about the InstallationMasters program and available training options, [Click Here](#) to view the InstallationMasters program handbook.

ALONG WITH THIS REGISTRATION FORM, ALL CANDIDATES MUST SUBMIT:

- Digital photo of valid, signed government-issued ID (driver's license, etc.). ID in submitted photo must be clear and legible.
- Appropriate Eligibility Verification Form

INSTALLER, TRAINEE, AND INSTRUCTOR CANDIDATES MUST ALSO SUBMIT:

- Original or digital, front-facing, color photo of yourself for use on ID badge; see [Photo Tips](#).
Do not submit photocopies.

Candidate Information

First, Middle, and Last Name (for website/certificate/ID card)

Preferred Name (if different than full name)

Personal Mailing Address

City _____ *State*

Zip _____ *Country*

Phone _____ *Cell*

Email (required)

Employer Information

Company Name

Company Address

City

State

Zip

Country

Phone

Contact education@fgiaonline.org or call 847.303.5859 ext. 144 with questions

IN ADDITION TO THIS FORM, PLEASE FILL OUT AND SUBMIT THE FORM THAT CORRESPONDS TO THE PROGRAM IN WHICH YOU WISH TO ENROLL ALONG WITH THE **PAYMENT & ORDER FORM (P)**



InstallationMasters®
Candidate
Registration Form



InstallationMasters®
Instructor Training
Registration Form



InstallationMasters®
Self-Study Candidate
Registration Form



InstallationMasters® Instructor Training Registration Form

A completed registration form is required for each instructor candidate planning to attend the class. Instructor candidates will be required to complete an exam at the end of the four/five-day training session.

INDICATE THE TYPE OF CLASS:

☐ **COMBINED PROGRAM** ☐ **REPLACEMENT PROGRAM** ☐ **NEW CONSTRUCTION PROGRAM**

☐ Please list my information on the InstallationMasters website after I receive my accreditation

Class Information

Instructor Name

Class Dates/Times

Class Location

Registration Fees Established by FGIA:

Once confirmed, all fees are non-refundable

Combined Instructor
Training and Exam* Fee \$ _____

Replacement Instructor
Training and Exam* Fee \$ _____

New Construction Instructor
Training and Exam* Fee \$ _____

If paying by check,
make checks payable to: _____

InstallationMasters® Eligibility Verification

Name

Title

Field/Industry Experience

Instructor Accreditation

- ☐ Three or more years of experience as an instructor, teacher, or trainer in the field of building products and technology **AND** three or more years of construction experience.
- ☐ Three or more years of experience installing residential and light commercial fenestration products **AND/OR** three or more years working as crew leader or field supervisor
- ☐ Three or more years of experience working for a fenestration manufacturer in engineering, product design, project management or field services.
- ☐ Three or more years of experience working in a fenestration testing laboratory installing/testing products **AND** three or more years working as a team leader, project manager, or supervisor in a fenestration testing laboratory
- ☐ Three or more years employed with an installation material manufacturer **AND/OR** three or more years employed as a fenestration consultant

Brief description of registrant's qualifying experience: _____

Accredited Instructor Training Candidates: Qualifying for the Installer Certification Credential

If you have at least one year of field experience physically installing window/door products on job sites, upon successful completion of the instructor training class, including passing the final exam with at least a 90% score, you are also eligible to be awarded the InstallationMasters® Installer Certification credential. By selecting this option below, you are certifying that you have the required field experience and you will receive a separate ID card to show your certification.

☐ No, I do not want the Installer Certification credential ☐ Yes, I would like to receive the Installer Certification credential

**Exam failure requires re-testing and additional testing fees*

A/B/C

Additional Details

If you filled out form A, B or C, this form must also be completed and submitted as part of your registration.

Employer Information

This section must be signed by a Human Resources representative or Corporate Executive

Company Name

Company Address

HR Representative/Corporate Executive Name

Job Title

Phone Number

I, _____, confirm that this registrant meets the qualifications as indicated above to participate in the installer/ Professional training class or self-study program as a certification candidate and/or in the instructor accreditation training class.

Signature

Date





InstallationMasters® Payment Form



1. For **certification, non-certification** or **trainee candidates**, registration payments should be provided directly to the class instructor.
2. For **instructor accreditation candidates**, registration payments should be provided directly to FGIA
3. For **self-study certification candidates**, registration payments and shipping information should be provided directly to FGIA

Payment Information

SHIPPING INFORMATION (FOR SELF-STUDY PARTICIPANTS ONLY)

☐ **USPS** ☐ **UPS** _____ ☐ **FedEx** _____

Company Name

☐ **Check** _____
Payable to

OR

☐ **American Express** ☐ **MasterCard** ☐ **Visa** ☐ **Discover**

Credit Card Number *Expiration Date (MM/YY)* *CVV2 Indicator Code*

Name on Card

Cardholder Billing Address *City* *State* *Postal Code*

A 3% credit card processing fee will be added to your subtotal. States exempt from this fee are: California, Colorado, Connecticut, Florida, Kansas, Maine, Massachusetts, New York, Oklahoma, Texas, and Puerto Rico. The 3% fee will be assessed based on the candidate's location.

I understand that by signing below, I am authorizing FGIA to charge my credit card for the amounts specified above. Further, I understand and agree that if the transaction fails, I am responsible for the remainder of the payments via a different credit card or a company check.

Cardholder Signature *Date*