



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 if you DO NOT wish to be listed on the InstallationMasters™ Commercial website: [ ]

RE-CERTIFICATION PAYMENT INFORMATION:

[ ] Testing Fee (\$150) [ ] Testing and Installer Manual (\$215)

[ ] 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: \_\_\_\_\_

Send to: Intertek-ATI
Attn: InstallationMasters™ Program Administrator
130 Derry Court, York, PA 17406-8405
Phone: 717-764-7700
Fax: 717-764-4129
installationmasters@archtest.com
www.installationmasterscommercial.com