



# 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 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

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](mailto:installationmasters@archtest.com)  
[www.installationmasterscommercial.com](http://www.installationmasterscommercial.com)



# 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: \_\_\_\_\_

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](mailto:installationmasters@archtest.com)  
[www.installationmasterscommercial.com](http://www.installationmasterscommercial.com)