

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 CERTIFICATION CANDIDATES MUST SUBMIT:

- Digital photo of valid, signed government-issued ID (driver's license, etc.). ID in submitted photo must be clear and legible. *Does not apply to non-certification candidates.*
- 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® Candidate Registration Form

A completed registration form is required for each Certification, Trainee, and Non-Certification Candidate planning to attend the class. Certification and trainee candidates will be required to complete an exam at the end of the 1-2 day training session.

INDICATE THE TYPE OF CLASS:

☐ COMBINED PROGRAM ☐ REPLACEMENT PROGRAM ☐ NEW CONSTRUCTION PROGRAM

REGISTRATION TYPE:

☐ CERTIFICATION ☐ NON-CERTIFICATION ☐ TRAINEE

FOR INSTALLER &

PROFESSIONAL CANDIDATES:

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

Instructor Information

Instructor Name

Class Dates/Times

Class Location

Registration Fees Established by Instructor:

Once confirmed, all fees are non-refundable

Certification Candidates \$ _____
(class and exam*)

Non-Certification Candidates \$ _____
(class and exam*)

Trainee Candidates \$ _____
(class and exam*)

If paying by check,
make checks payable to: _____

InstallationMasters® Eligibility Verification

Name

Title

Field/Industry Experience (select one for each applicable credential)

Installer Certification

☐ Minimum of one year field experience physically installing window/door products on job sites (additional description of qualifying experience can be added below, if desired)

Certified Professional

☐ Three or more years of experience as an instructor, teacher or trainer in the field of building products and technology **AND/OR** three or more years of construction experience

☐ Three or more years of experience working for a fenestration manufacturer in engineering, product design, project management or field services **OR** three or more years as a manufacturer's representative

☐ Three or more years of experience working in a fenestration testing laboratory installing/testing products **AND/OR** 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 (optional):

**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

CLASS PARTICIPANT PAYMENT TO INSTRUCTORS:

For security purposes, FGIA is no longer collecting credit card payment information on the class registration forms. Contact your instructor directly to finalize the payment details, including any applicable processing fees. Use the text field below to provide this information, if needed.

FGIA PAYMENTS ONLY:

Credit card / US Bank Account payment: [Submit via this link](#); invoice # required; FGIA staff will provide invoice with all applicable fees, including any credit card processing fees*

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.

*States exempt from this fee are: California, Colorado, Connecticut, Florida, Kansas, Maine, Massachusetts, New York, Oklahoma, Texas, and Puerto Rico.