

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](mailto: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)**

**A** InstallationMasters®  
Candidate  
Registration Form

**B** InstallationMasters®  
Instructor Training  
Registration Form

**C** InstallationMasters®  
Self-Study Candidate  
Registration Form



# InstallationMasters® Self-Study Candidate Registration Form

This form must be filled out by all certification candidates who intend to bypass the InstallationMasters® Training class and qualify to take the test without taking the class. To qualify, see the Eligibility Verification section below.

### INDICATE THE TYPE OF CLASS:

- COMBINED PROGRAM     REPLACEMENT PROGRAM     NEW CONSTRUCTION PROGRAM
- Please list my information on the InstallationMasters website after I receive my certification

### PROCEDURE:

Upon submission of this form, including payment, a training manual will be mailed to the candidate's indicated address. Once the manual arrives, the candidate will receive an email with a URL to the training videos and instructions on how to schedule the online proctored installer and professional certification exam, both of which need to be accessed or completed within 90 days. Candidates must contact [education@fgiaonline.org](mailto:education@fgiaonline.org) at least two weeks prior to their intended exam date.

#### Registration Fees Established by FGIA:

*Once confirmed, all fees are non-refundable*

Installer/Professional Certification  
Candidates (training manual, 90-day  
access to online training videos, and  
proctored exam\*) \$ \_\_\_\_\_

If paying by check, make checks payable to FGIA

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

## InstallationMasters® Self-Study Candidate Eligibility Verification

### Registrant Information

Name \_\_\_\_\_

Title \_\_\_\_\_

#### Field Experience (select one)

##### Installer Certification

- High school diploma or high school equivalent exam **AND** six or more years experience physically installing window/door products on job sites
- Associates degree or trade school certificate **AND** three or more years experience physically installing window/door products on job sites
- Bachelors degree or higher in Construction Engineering **AND** two or more years experience physically installing window/door products on job sites

#### Industry Experience

##### 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:

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### Proof of Education

In addition to this form, please also submit proof of education by copies of college or trade school transcripts and/or high school diploma or equivalent exam.

# 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**

**Credit Card / US Bank Account Payment** - Submit via [this link](#); Invoice # required; **FGIA staff will provide invoice with all applicable fees**