



# SRW INSTALLER TRAINER

## Advanced

### Reauthorization Application

#### SECTION 1—PERSONAL DATA

Please print your full name, as you would like it to appear on your certificate and on the NCMA website.

\_\_\_\_\_  
*First Name Middle Initial      Last Name Suffix*

\_\_\_\_\_  
*Job Title*

Mr.  Ms.  Mrs.  Miss      \_\_\_\_\_  
*Informal / Nickname*

Opted Out - Remove my contact information from your website listing of Authorized SRW Trainers.

#### SECTION 2—CONTACT INFORMATION

Unless otherwise requested in writing by you, most correspondence regarding your certification will be sent to you by email.

This address is:       Home    Business

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite Number: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

Email: \_\_\_\_\_

#### SECTION 3—REAUTHORIZATION APPLICATION FEE (in US dollars)

\$80. Reauthorization Application Fee (non-refundable)

Check      Check No. \_\_\_\_\_

**Non-United States applicants must pay by credit card.**

US checks should be made payable to "NCMA" and mailed with this recertification application.

**Credit Card** – Please go to [www.ncma.org/SRWTrainer](http://www.ncma.org/SRWTrainer) to pay on a secure website.

- Please attach the receipt when sending this recertification application.

#### NCMA Office Use Only

Renewal year \_\_\_\_\_

Original authorization date \_\_\_\_\_

## SECTION 4—PATH TO REAUTHORIZATION

By the authorization expiration date, reauthorization applicants must either retaking the SRW Trainer class, passing a Trainer reauthorization examination, teaching at least 2 CSRWI classes in the current authorization period with an average student evaluation of at least 3.50, or document completion of at least eight (8) hours of teaching-related education plus eight (8) hardscape-installation-related educational activity during the current certification period.

**Please select which path to recertification you wish to follow:**

- By Retaking the SRW Training Class** (NCMA will contact you when the next class is scheduled)
- By Reauthorization Exam** (An exam will be mailed to the address provided on page 1 of this application)
- By Teaching at least 2 SRW Installer classes with an average student evaluation rating of at least 3.50 in the instructor's current authorization period** (NCMA will review evaluations and ratings)
- By Other Related Teaching and Continuing Education** (Complete section 5, below)

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## SECTION 5—RELATED TEACHING AND CONTINUING EDUCATION

Please provide all of the information requested below. **You must attach appropriate documentation (course flyer, completion certificate, etc.) of the teaching and continuing education hours claimed below.**

Name of organization, school, or company providing the education _____
Name of the course, seminar, or educational event _____
Instructional Hours(s) of course (not counting breaks, round to nearest ½ hour) _____
Date(s) of course, seminar, or educational event _____

Name of organization, school, or company providing the education _____
Name of the course, seminar, or educational event _____
Instructional Hours(s) of course (not counting breaks, round to nearest ½ hour) _____
Date(s) of course, seminar, or educational event _____

Name of organization, school, or company providing the education _____
Name of the course, seminar, or educational event _____
Instructional Hours(s) of course (not counting breaks, round to nearest ½ hour) _____
Date(s) of course, seminar, or educational event _____

*If you require additional space to document your educational activities, please photocopy this page.*

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## SECTION 6—RECERTIFICATION APPLICATION AGREEMENT AND AUTHORIZATION

I hereby affirm that the information contained in this recertification application is true and accurate to the best of my knowledge and authorize NCMA to investigate all statements contained in this form. I hereby grant NCMA permission to access my confidential information, including academic records, indefinitely until such permission is revoked in writing. I agree that I shall be subject to the recertification and reinstatement requirements and fees in force at the time of recertification application, even when those requirements or fees differ from the requirements or fees in force at the time of initial certification or previous recertification. I understand and agree that any information submitted by me may be provided by NCMA to law enforcement agencies and federal, state, county, and local regulatory agencies at the discretion of NCMA or the request of such agencies.

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*Signature*

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*Date*