

Certified SRW Installer

Advanced

Recertification 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

Opt Out - Remove my contact information from your website listing of Certified SRW Installers.

SECTION 2—CONTACT INFORMATION

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—RECERTIFICATION APPLICATION FEE (in US dollars)

Your recertification application fee is non-refundable. Please check the appropriate recertification application fee.

\$65 for employees of an NCMA Member company

SECTION 4—PATH TO RECERTIFICATION

By the certification expiration date, recertification applicants must either pass a CSRWI recertification examination or document completion of at least eight (8) hours of hardscape-installation-related educational activity during the current certification period.

Please select which path to recertification you wish to follow. By Recertification Exam (will be sent by mail) By Continuing Education (complete section 6, over)

Payment Method:

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/recert to pay on a secure website.

- Please attach the receipt when sending [this recertification application](#).

Optional Subscription:

Check here for a free subscription to Hardscape Magazine

NCMA Office Use Only

Renewal year _____

Original certification date _____

SECTION 5—CONTINUING EDUCATION

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

Name of organization, school, or company providing the education _____	
Name of the course, seminar, or educational event _____ <i>(if by AIA quiz, indicate CM Designs Hardscape issue # and attach completed quiz)</i>	
Instructor's Name _____ <i>(skip if by AIA quiz)</i>	Date(s) of course, seminar, or educational event _____ <i>(if by AIA quiz, indicate CM Designs Hardscape issue date)</i>
Instructional Hours(s) of course, seminar, or educational event (not counting breaks, round to nearest ½ hour) _____	

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

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.

Signature

Date

Email, Mail, or Fax Completed Application and Attachments to

NCMA • 13750 Sunrise Valley Drive • Herndon, Virginia 20171 • fax 703.713.1910 • info@ncma.org