



Application for Certification

Installation Experience

SRW Installer Certification Program

Advanced Residential

By submitting this form you are applying for ICPI-NCMA Advanced Residential SRW Installer Certification, and are verifying that you have completed the following steps:

⇒ Attended the ICPI-NCMA SRW Advanced Residential Installer Course

⇒ Earned a passing score on the exam

Once your installation experience has been verified, you will receive your certification document from ICPI-NCMA. The certification term is two (2) years. Work experience is submitted only once during certification.

Please Print	
First & Last Name	
Company	
Email	
Phone	

Advanced SRW Installer Exam Completed	
Location of Course	
Course Sponsor	
Date of Course	

By signing below, you are verifying the following:

1. The installation experience listed on your application is accurate and represents your direct, onsite participation in the segmental retaining wall projects listed.
2. You are aware that 8 continuing education hours must be earned and reported to ICPI-NCMA, prior the expiration date within each two (2) year certification term.
3. You understand that your certification records might be randomly audited to verify your installation experience and continuing education. Upon audit, if you cannot provide documented evidence of installation experience or continuing education, you understand that you are subject to suspension and possible revocation of your certification.

Applicant's Signature

Date

Both sides of this application must be completed before submitting to:



13750 Sunrise Valley Drive ^ Herndon, Virginia 20171
Fax 703.657.6901 ^ Phone 703.657.6900 ^ educate@icpi.org

Instructions for Completing Installation Experience

List the following amount of installation experience

Minimum of 10 Projects and 5,000 sq. ft. of Wall Face.

Application	Mixed projects including at least 2/3 of the listed options and at least 1 straight or 1 wall with curves, corners or tiers taller than 8 ft.
-------------	---

For example	<ul style="list-style-type: none"> • 8 projects totaling 11,000 sq.ft do not meet the requirements. • 12 projects totaling 8,500 sq.ft. do not meet the requirement. • 10 or more varies projects totaling 5,000 sq.ft with one wall taller than 8ft. do meet the requirement.
-------------	---

- ⇒ Installation experience refers to onsite participation in the installation of segmental retaining walls. Do not include any projects on which work has not yet begun, or for which you were not an on-site participant in the installation.
- ⇒ Installation experience can be taken from any period of time that a person has been installing. Installers can go back as many years as needed to fulfill the requirement.
- ⇒ Please note that your installation experience needs to be submitted **only once**. You will not be required to submit this application again to maintain your credential.
- ⇒ The Record of Completion received for passing the Segmental Retaining Wall Installer course does not expire, so if you do not currently meet the minimum installation experience requirements, you can wait until you do meet them, and submit your application at that time.

Project 1	
Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 2	
Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 3	
Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 4	
Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 5	
Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 6

Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 7

Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 8

Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 9

Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____

Project 10

Project Title/Type _____	
Location (city, State, prov) _____	Complete Date (yy-mm-dd) _____
Face Area (sq. ft.) _____	Max Height (ft.) _____
Application <input type="checkbox"/> Straight Wall <input type="checkbox"/> Curves, Corners, or Tiers <input type="checkbox"/> Step, Seat Walls Patios, Planters Fire Pits, etc <input type="checkbox"/> Other	
Reference Name (for audit) _____	Reference Phone _____