

BUSINESS INFORMATION	
Company Name:	
Company Street Address:	
Company Phone:	Company Email:
PERSONAL INFORMATION	
Given Name(s):	Surname(s):
Home Address:	
Home Phone:	Personal Email:

Correspondence should be sent to (select one):

 Business Address

 Home Address

CERTIFICATION PREREQUISITES

All candidates must satisfy the following prerequisites:

- 1000 hours of hands on work experience within the past 3 years.
- Successful completion of the certification exam (pass rate is 70%).
 - *Allotted time to complete the certification exam is 3 hours.*

Employment History (List 2)

Employer Name: _____

Supervisor: _____

Address/Location: _____

Job Description/Title: _____ Employment (mm/yy): From: ____/____ To: ____/____

Employer Name: _____

Supervisor: _____

Address/Location: _____

Job Description/Title: _____ Employment (mm/yy): From: ____/____ To: ____/____

CERTIFICATION TERMS AND CONDITIONS

1. I agree to notify Fenestration Canada in a timely manner of changes concerning the information I have provided, including my current address, telephone number, and e-mail.
2. I have reported, and will continue to report, to Fenestration Canada within sixty (60) days of occurrence, any matters, proceedings, lawsuits, settlements and/or other agreements, administrative agency actions, or organizational actions relating to my profession or occupation, including all complaints relating to my professional activities, and matters or proceedings involving, but not limited to certification, credentialing, malpractice, disciplinary ethics or similar matters. I also agree to promptly report, within sixty (60) days of occurrence, any felony criminal charges, convictions, or plea agreements or other criminal charges, convictions, or plea agreements relating to acts of dishonesty or unethical conduct.
3. I agree that Fenestration Canada has the right to communicate with any person, government agency or organization to review or confirm the information in this application or any other information related to my application for Fenestration Canada certification. Further, I agree to and authorize the release of any information requested by Fenestration Canada for such review and confirmation.
4. I understand that the Fenestration Canada credential status does not imply licensure, registration or government authorization to practice any specific job function or to engage in related activities.
5. I agree that all materials submitted to Fenestration Canada become the property of Fenestration Canada and that Fenestration Canada is not required to return any of these materials to me.
6. I agree that upon achieving the Fenestration Canada credential, my name may be posted on the Fenestration Canada website as part of an Online Registry to be created and maintained by Fenestration Canada.
7. I agree that all disputes relating in any way to my application for a Fenestration Canada certification and/or my involvement generally in a Fenestration Canada certification program, will be resolved solely and exclusively by means of Fenestration Canada policies, procedures and rules, including the stated appeals process.
8. Fenestration Canada reserves the right to suspend or revoke my credential if it is determined I have failed to uphold, or otherwise breached this Agreement, or committed a violation of the Fenestration Canada Code of Ethics and Professional conduct.
9. I release and indemnify Fenestration Canada from all liability and claims that may arise out of, or be related to, my certification and related activities.

CODE OF ETHICS AND PROFESSIONAL CONDUCT

1. Provide equitable, honest and impartial treatment of customers;
2. Provide customers with accurate, objective, timely and understandable information;
3. Perform all services in a safe and professional manner;
4. Stay informed of and comply with all relevant laws, codes, regulations, standards and industry practices;
5. Protect proprietary and confidential information gained during the course of work; and
6. Promote positive activities which raise the level of professionalism of the industry.

APPLICATION AND PRIVACY POLICY

I agree not to discuss or release in any form the contents of the exam as well as agree with the Privacy Statement. I affirm that all information provided in this application is correct. I agree to allow my name and certification information (and professional information if authorized above) to be posted on the Fenestration Canada website as part of the online registry of certified personnel. Fenestration Canada is committed to respecting the privacy of its members, customers, and other stakeholders with whom we interact in the development and delivery of products and services. Fenestration Canada does not sell or share your contact information with other organizations for commercial purposes.

As a Fenestration Canada Personnel Certification credential holder, I agree to conduct myself in a professional and thorough manner. I agree to the Terms and Conditions of my certification including adherence to the Code of Ethics and Professional Conduct and I agree to adhere to the Application and Privacy Policy set forth by Fenestration Canada.

Printed Name

Signature

Date

Certification is contingent upon meeting all program pre-requisites AND the successful completion of the Fenestration Canada FIT-Level 1 Certification Examination.

PAYMENT INFORMATION

**All fees are non-refundable and in Canadian (CAD) funds.
GST/HST shall be applied to subtotal at time of payment.**

REGISTRATION FEE

TYPE	FREQUENCY	AMOUNT
Initial Registration Fee	One-time	\$275.00

ALL FENESTRATION CANADA CERTIFICATION EXAMINATIONS ARE DELIVERED ONLINE

SELECT ONE	TYPE	FREQUENCY	AMOUNT
<input type="checkbox"/>	Online Proctored Exam Fee	Each time it is taken using an online proctor service	\$275.00 + tax
<input type="checkbox"/>	Approved Location Exam Fee	Each time it is taken using a physical location that is provided by BP	\$350.00 + tax
SUBTOTAL (+ GST/HST):			

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Cheque Enclosed
Card Number:		Expiry Date:	CVV:
Cardholder's Name:		Authorized Signature:	

**ALL fees are due at the time of application.
Applications received without payment shall not be processed.**

Please make cheque payable to: Building Professionals Inc.

Building Professionals Inc. · Suite 410-250 McDermot Ave. · Winnipeg, MB R3B 0S5 · 204.956.5888

Please submit completed form along with payment to:
admin@buildingprofessionals.com