



BPI CANADA INSTALLER EXAMINATION REQUEST FORM

Name(s): *(please print)* _____

Company Name: _____

Company Address: _____

Company Phone: _____ Company Fax: _____

Email address: _____

* Examination payment is due prior to examination dates.

A - Written Examination - (Insulation)

Examination requested (check all that apply)

- Air Leakage Control
- Siding & Cladding
- Spray Polyurethane Foam
- Conventional Insulation
- Doors & Windows

Date(s) Preferred: _____

I have received the BPI Canada Handbook. I have reviewed and understand what I am being evaluated on. I also understand and agree that if I should be unsuccessful, I must retake and pay all incurring costs to re-do the written Examination. Please print name and sign to approve this form:

Print Name

Applicants Signature

Date

B - Exam Costs

Detailed Costs	Fees	Quantity	HST/GST	Totals
Written Examination (per exam)	\$200.00			
			Total Amount Due	

Cheque for total payment, made out to BPI Canada, is enclosed.

VISA MasterCard

Credit Card Number: _____ Expiry Date: _____

CSC Code: _____

Cardholder's Name: _____ Authorized Signature: _____

Please forward this form along with payment to:

410-250 McDermot Ave, Winnipeg, MB R3B 0S5
 Fax: (204) 956-5819 Email: admin@bpicanada.org