

BUNDLED APPLICATION

RESIDENTIAL DOOR SYSTEMS TECHNICIAN & COMMERCIAL SECTIONAL DOOR SYSTEMS TECHNICIAN

If you already hold one of these certifications please contact Debra Welhener at the IDEA office for the discounted pricing information: dwelhener@longmgt.com or (937) 698-1027

COMPANY INFORMATION

Company Name _____

Owner or Principal _____

Mailing Address _____

Shipping Address _____ Zip _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

E-mail address _____

TECHNICIAN INFORMATION

Full Name of Installer/Applicant _____

Date of Employment ____/____/____ Total Years Experience: Residential _____ Commercial _____

Date and Location of Written Examinations (if known) _____

INSTALLER TRAINING STATEMENT

Must be completed by an IDEA-Sanctioned Trainer

I (name of Sanctioned Trainer) _____
have personal knowledge regarding the above-named candidate for Residential Door Systems Technician Certification and Commercial Sectional Door Systems Technician Certification, and can attest that the applicant is fully and fundamentally trained in the installation and service of residential overhead doors and commercial sectional doors and their operators, and has a minimum of two years of field experience. Furthermore, I can state that the areas in which this individual has been trained include, but are not limited to, the disciplines necessary for the installation and service of these systems.

Signature of Sanctioned Trainer _____ Date Signed ____/____/____

FEES AND PAYMENT

The bundled fee for Residential Door Systems Technician and Commercial Sectional Door System Technician Certification is \$300 per person. This form must be accompanied with a \$150 initial payment which will cover the cost and delivery of the certification study guides and application processing. **The balance of the fee must be paid prior to testing.**

Amount being paid at this time \$ _____

____ Mastercard ____ Visa ____ American Express ____ Discover

Card number _____ Security # _____

Name on card _____

Expires _____ Signature _____



Return this form to:
IDEA
PO BOX 236
WEST MILTON OH 45383-0236
or e-fax to: (877) 702-8097