

# APPLICATION - Certified Automated Gate Operator Installer

## COMPANY INFORMATION

Company Name \_\_\_\_\_

Company is a Member of (check all that apply):  AFA  IDA  DASMA

Owner or Principal \_\_\_\_\_

Mailing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

## INSTALLER INFORMATION

Full Name of Installer/Applicant \_\_\_\_\_

Date of Employment \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Total Years Experience \_\_\_\_\_

Date and Location of Written Examination (if known) \_\_\_\_\_

## FEES AND PAYMENT

The fee for Automated Gate Operator Installer Certification is \$250 per person. This form must be accompanied with a \$125 initial payment, which will cover the cost and delivery of the certification Self-Study Guide 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 Code (3 or 4 digit number on back of the card) \_\_\_\_\_

Name on card \_\_\_\_\_

Expires \_\_\_\_\_ Signature \_\_\_\_\_



03-2017

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

