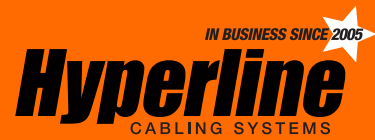


Certified Installer Application



Please complete this form as fully as possible. Issuance of Hyperline Installer Certification will be based on the information provided in this form.

APPLICANT INFORMATION

Name: _____

Current position: _____ Company: _____

Address: _____

Email: _____ Telephone: _____ Fax: _____

OTHER CERTIFICATIONS

Have you been previously certified as an installer by another agency/company?

Yes If yes, please indicate each below.

No

TYPE OF CERTIFICATION	CERTIFYING AGENCY	DATE OF CERTIFICATION	IS CERTIFICATION CURRENT/ACTIVE?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

ARE YOU RCDD CERTIFIED?

Yes Date of certification: _____

No

OTHER RELEVANT EDUCATION

COURSE/PROGRAM	INSTITUTION	DATE OF ATTENDANCE

Signed by: _____ Date: _____

Please submit this form via email to info@hyperline.com or scan and fax to 613-736-8500.