

## **INSTALLER AFFIDAVIT**

3000 hrs minimum

## **SECTION 1**

LICENSED INSTALLER	JOME AN NATION	AL AIR BARRIER ASSOCIATION, INC.
I,(name)	, [	DO SOLEMNLY DECLARE;
That I am the employee ofand have the following experience:		
Air Barrier experience – application on walls	<u>S</u>	
hours of experience in	self adhered mem spray applied liqui entiously believing	branes d membranes
Signature of applicant	Date	
SECTION 2		
DECLARED BEFORE ME at the Province of		
this	day of	, 20
X		
NOTE: Once filled out SECTION 2 of this for	m must be signed	and stamped by a Notary Public or

NOTE: Once filled out, SECTION 2 of this form must be <u>signed</u> and <u>stamped</u> by a Notary Public or Commissioner of Oath.