



Certified Installer Program Affidavit of Installation Experience

I, _____, of _____
Installer Name (*Please Print*) Company Name

hereby certify that I have been installing vinyl siding for _____ years.

Company Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Date of Course: _____ Course Location: _____

Name of Certified Trainer: _____

The following individual will serve as a reference to validate my vinyl siding installation experience:

Reference Name: _____ Reference Title: _____

Reference Company: _____

Reference Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Reference Telephone: _____ Reference Email: _____

Reference Signature: _____

Date: _____

Relationship to Certified Installer Candidate: _____

Certified Installer Candidate Signature: _____

Date: _____

Failure to complete this form in its entirety invalidates the affidavit.