



The HVAC Inspection, Maintenance
and Restoration Association

Certified Ventilation Consultant Examination Registration Form

The Certified Ventilation Consultant (CVC) is an advanced, comprehensive certification targeted to highly qualified experts in the field of HVAC inspection, cleaning and restoration. To apply for this designation, please complete the form below. All items are required to apply.

Candidate First Name		Last Name	
Company Name			
Address			
City/State/Zip		Country	Email Address
() -		() -	
Phone Number		Fax Number	

PREREQUISITES

Please complete the following information regarding CVC prerequisites:

Certifications

In order to sit for the CVC examination, a candidate must first hold the ASCS, CVI and VSMR certifications. These certifications must be current and in good standing.

ASCS Certification #: _____

Initial Certification date: _____

Expiration date: _____

VSMR Certification #: _____

Initial Certification date: _____

Expiration date: _____

CVI Certification #: _____

Initial Certification date: _____

Expiration date: _____

INDUSTRY EXPERIENCE

Candidates must demonstrate the equivalent of 5 (five) years of industry experience.

Please complete the information below which applies to your industry experience.

_____ I have a minimum of 5 years experience working in the HVAC inspection, cleaning, and restoration industry.

Date candidate began working in industry: _____

Please list the company or companies in which you were employed in the HVAC inspection, cleaning and restoration industry over your career. If you need more space, please attach additional information on separate pages.

COMPANY 1

Company Name

Address

City/State/Zip Country

(_____) _____ - _____ (_____) _____ - _____
Phone Number Fax Number

Dates of employment: Began / Ended

Job Description/Position Summary: _____

COMPANY 2

Company Name

Address

City/State/Zip Country

(_____) _____ - _____ (_____) _____ - _____
Phone Number Fax Number

Dates of employment: Began / Ended

Job Description/Position Summary: _____

COMPANY 3

Company Name _____

Address _____

City/State/Zip _____ Country _____

(_____) _____ - _____ (_____) _____ - _____
Phone Number Fax Number

Dates of employment: _____ Began _____ / _____ Ended _____ / _____

Job Description/Position Summary: _____

SUBMISSION

By submitting this application, I certify that the information provided herein is true to the best of my knowledge. I understand that providing false statements can result in forfeiture of all application fees, as well as rejection of the application or expulsion from the program.

Signature: _____ Date: ____/____/____

PAYMENT INFORMATION

Application Fee: \$495 Members \$1,200 Non-Members

(All payments must be issued in U.S. funds. Registrations will not be processed unless accompanied by payment.)

<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
_____	_____	_____	_____
Card Number			Exp. Date
_____	x	_____	
Cardholder Name		Signature	
Amount authorized to charge: \$ _____			