



**Technician Recertification Application
Continuing Education Hours**

Email to: recertify@natex.org

Fax to: 703-527-2316

Mail to: 2111 Wilson Blvd. Suite 510

Arlington, VA 22201

This form is used to submit any additional continuing education hours and your recertification fee. This form does not need to be completed if your payment is made online (store.natex.org). This form does not need to be completed if you are recertifying by testing.

Please provide the following contact information. All fields labeled with an asterisk (*) are required. Your updated documents will be sent to your personal email address unless otherwise specified.

Personal Contact Information

First Name*: _____ Last Name*: _____

Street Address*: _____

City*: _____ State*: ____ Zip*: _____

Mobile Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Email Address*: _____

NATE ID Number*: _____

Employer Information:

Company Name: _____

Company Street Address: _____

City: _____ State: ____ Zip: _____

Phone: (____) _____ - _____ Email Address: _____

Please check the boxes of any specialties you would like to renew. Recertification fee information is located on the next page.

Air Conditioning and/or Heat Pump

Air Distribution

Gas Heating (Air)

Oil Heating (Air)

Senior Level Efficiency Analyst

Hydronics Gas

Hydronics Oil

Light Commercial Refrigeration

Commercial Refrigeration

Recertification Fees

Heat Pump recertification includes Air Conditioning at no cost. Service specialty recertifications include their installation counterpart at no cost. To determine your cost, you can count the number of checkboxes you selected on the previous page. One checkbox would be \$25 and each additional checkbox would be an additional \$5.

Payment Information

Payment Method:

Visa

Master Card

American Express

Discover

Check

Credit Card Information:

Cardholder Name: _____

Signature of Card Holder: _____

Card Number: _____ Expiration Date: __ __ / __ __ CV2: _____

Check Information:

Name on Check: _____ Check Number: _____

Billing Address Information

Please provide the billing address for the credit card above. In order to process your card, the billing address provided must match what the credit card company has on file.

Street Address: _____

City: _____ State: __ __ Zip Code: _____

Billing Phone Number: (____) _____ - _____

