Certified Roofing Torch Applicator Program
Invoice / Credit Card Payment Form

NOTE to AUTHORIZED CERTA TRAINERS: (1) Complete your section of this payment form. (2) Provide a copy within three business days after completion of training session to the employer(s) of each applicator trained. The employer/employee representative is responsible for submitting certification fee payment.

## Trainer's Section

Today's date: _____

Trainer's name: _____

Trainer's company: _____

Trainer's address: _____

City/State/ZIP: _____

CERTA Trainer's ID #: _____ Training session date: _____ Training session #: _____

NOTE: Trainers are required to submit fully completed session rosters to NRCA within five business days of session completion.

## Employer/Roofing Contractor/Employee Representative Section

Today's date: _____

Employer name: _____

Employer address: _____

City/State/ZIP: _____

If employer is an NRCA member: Applicators certified: _____ @ $120 each, total: $ _____

If employer is not an NRCA member: Applicators certified: _____ @ $160 each, total: $ _____

Enter NRCA member ID #: _____

Method of payment:

☐ Check or money order made payable to NRCA in the amount of $ _____

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover/NOVUS

_____ _____/_____ _____
Credit card number Expiration date Authorized signature

_____ _____
Cardholder name Billing address City State Zip

Remittance payable only in U.S. dollars drawn on a U.S. bank.

Remit payment to: Mail: NRCA
10255 W. Higgins Road, Suite 600
Rosemont, IL 60018
Attention: Mary Ann Evanoff

Fax: (847) 299-1183

Questions?
Mary Ann Evanoff, assistant of NRCA University and Risk Management, at (800) 323-9545, ext. 7533; or e-mail certaadmin@nrca.net