

TECHNICIAN RECERTIFICATION APPLICATION

Continuing Education Hours



Email to: recertify@natex.org | **Fax to:** 571-282-0973 | **Mail to:** 2311 Wilson Blvd., Suite 410, Arlington, VA 22201



Use this form to submit proof of completed continuing education hours and a recertification payment. Do not use this form if a payment has been made online (store.natex.org), or if recertifying by testing.

Please provide the following contact information. All fields labeled with an asterisk (*) are required. Updated documents will be sent to the personal email address provided, 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 provided on the next page.

- | | |
|--|---|
| <input type="checkbox"/> Air Conditioning and/or Heat Pump | <input type="checkbox"/> Hydronics Gas |
| <input type="checkbox"/> Air Distribution | <input type="checkbox"/> Hydronics Oil |
| <input type="checkbox"/> Gas Heating (Air) | <input type="checkbox"/> Light Commercial Refrigeration |
| <input type="checkbox"/> Oil Heating (Air) | <input type="checkbox"/> Commercial Refrigeration |
| <input type="checkbox"/> Senior Level Efficiency Analyst | |

RECERTIFICATION FEE

Heat Pump recertification includes Air Conditioning at no cost. Service specialty recertifications include their installation counterpart at no cost. To determine the fee, count the number of checkboxes selected on the previous page. One checkbox is valued at \$25, and each additional checkbox is 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 the payment, the billing address provided must match the address registered with the credit card company.

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Phone Number: (_____) _____ - _____

CONTINUING EDUCATION DOCUMENTATION

Submit proof of the required 16 education hours by attaching documentation to this application. NATE accepts certificates, rosters, receipts, and emails from training providers. The technician’s name, NATE ID number, course name, date, and duration are required.



Please do not submit documentation for courses already tracked in myNATE. To verify the courses already registered, log in at www.myNATE.org and select the Course History tab on the homepage. Call customer service at 877-420-6283 or email at asknate@natex.org for myNATE account activation information.

Training Provider Name	Class Name	Class Date	CEH Hours