



professional home builders institute | your education provider

**Company Application Form for the Certification Mark
“PHBI accredited MASTER HOME BUILDER®”**

Corporate Name: _____

Operating as (exact Trade Name used for show home certificate if different from above):

(referred to as “the Applicant”)

Address: _____

Business Telephone (include area code): _____

E-mail: _____ Web Site: _____

I confirm the following is true:

1. I am or have a PHBI accredited Master Home Builder® on staff in a senior decision making role and the individual(s) name(s) and position(s) are:

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

Name: _____ Position: _____

2. The licensing fee of \$50.00 plus GST is included.
3. The Licensing Agreement is executed and one copy enclosed.
4. The company holds a membership in a local Home Builders Association & The Alberta New Home Warranty Program.

Applicant:

Signature

Title

Date

PHBI:

Executive Director, PHBI

Date

PROFESSIONAL HOME BUILDERS INSTITUTE (PHBI)

301, 30 Springborough Blvd. SW Calgary, Alberta T3H 0N9 403 216 8310 fax 403 253 7130 toll free 1 888 325 9999
phbi.ca