



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)**

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