



professional home builders institute | your education provider

**Individual Application & Renewal Form for the Certification Mark
“PHBI accredited MASTER HOME BUILDER®”**

Applicant Name (in full): _____

Position held at company: _____

Employer Name & Address: _____

City/Town: _____ Postal Code: _____

Business Phone: _____ Alternate Phone: _____

E-mail: _____

The Applicant hereby applies to the Professional Home Builders Institute, PHBI, for application or annual renewal of the PHBI accredited Master Home Builder® Certification Mark.

I confirm the following is true:

1. The 12 month annual renewal fee or new application fee of \$175 + GST is enclosed or has been paid.
(Note: The renewal fee is required in each calendar year after the certification is obtained.)
2. I will complete the equivalent of 2 days (16 hours) of continuing education each calendar year.
3. I will inform PHBI of any changes to my employment or address as they occur.
4. I am employed in a senior, decision making role with my employer.
5. I have a minimum of 5 years' experience in a senior decision making role.
6. My employer is a member of the Alberta New Home Warranty Program.
7. My employer is a member of a local home building association.

Continuing Education Details (required at renewal) (Proof of Attendance is required)

Course/Seminar/Continuing Education completed: _____

Date of Continuing Education: _____

Number of Hours: _____

The Applicant understands and acknowledges that the Master Builder certification may be withdrawn, with notice, for failure to maintain the annual renewal requirements.

Applicant: _____

Date: _____

PROFESSIONAL HOME BUILDERS INSTITUTE (PHBI)

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