



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The Applicant understands and acknowledges that the Master Builder certification may be withdrawn, with notice, for failure to maintain the annual renewal requirements.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