



professional home builders institute | your education provider

**Individual Renewal Form for the Certification Mark
PHBI accredited MASTER HOME RENOVATOR®**

Applicant Name (in full): _____

Employer Name: _____

Position held at company: _____

Company Address: _____

City/Town: _____ **Postal Code:** _____

Business Phone (include area code): _____ **Alternate Phone:** _____

E-mail: _____ **Fax:** _____

The Applicant hereby applies to the Professional Home Builders Institute (“PHBI”) for renewal of the **PHBI accredited MASTER HOME RENOVATOR®** Certification Mark (“the Certification”).

I confirm the following is true:

1. The 12 month renewal fee of \$125 + GST.

By signing this application, the Applicant agrees to and acknowledges that they have read the Code of Ethics for PHBI Accredited Master Home Renovators and Rules of Conduct located at www.phbi.ca under Certifications.

The Applicant understands and acknowledges that the Certification may be withdrawn, with notice, at the discretion of PHBI, for not abiding by PHBI’s Code of Ethics, Rules of Conduct, non-payment of the annual renewal fee or any such other act or activity which PHBI deems not congruent with the professional image associated with the Certification.

Applicant: _____ **Date:** _____

PROFESSIONAL HOME BUILDERS INSTITUTE (PHBI)

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