



Certified Installer Training Class Registration Form

Participant Information

Name _____

Company _____

Company Street Address _____

City, State Zip _____

Office Phone _____

Office Fax _____

Participant Cell Phone _____

Participant E-Mail Address _____

Location Information

*(Fill in this information from Certified Installer Training Program
Schedule on web site)*

Distributor Name _____

Distributor Location
(City, State) _____

Training Class Dates _____

References

Licenses/Certifications _____

Special Skills _____



Certified Installer Training Class

Fiber Cement Installation Experience

Check boxes below regarding if you have experience with the following Nichiha products:

Nichiha Brick, Stone or Block Panels

Nichiha Sierra Premium™ Boards

NichiProducts™

Indicate the number of installations of Nichiha products:

Number of Nichiha Product Installations Completed

Complete both sides of this form and mail/fax to Distributor conducting the training program. Distributor information is located on Training Program Schedule on nichiha.com

If you have any questions regarding the preparation, times or location of any Nichiha Certified Installer Training Class, please contact the Distributor for further information.