

PTCS

Performance Tested
Comfort Systems

Master Technician Application Form

Personal Information	1. Last Name, First Name		2. ID PTCS - _ _ _ _ _		3. Date: mm/dd/yy	
	4. Company, Utility or Organization Name		5. Company Phone Number ()		6. Technician Phone ()	
	7. Street Address		8. City		9. State	10. Zip Code

Certifications	Current Certifications	Heat Pump Commissioning <input type="checkbox"/>	Duct Sealing: <input type="checkbox"/> New Construction <input type="checkbox"/> Existing Construction <input type="checkbox"/> Mobile Homes
	Certification Sought	Master Heat Pump Technician <input type="checkbox"/>	Master Duct Sealing Technician <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2

MASTER HEAT PUMP TECHNICIAN			Office Use Only	
As of today, how many heat pumps have you commissioned according to PTCS specifications? (Need 30; 15 New, 15 Retrofit)	New	Retrofit	New	Retrofit
As of today, how many of your jobs have passed a Quality Assurance inspection? (Need 6; 3 New, 3 Retrofit)	New	Retrofit	New	Retrofit
Are you ready to take the online test? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time.			Please enter your email address for link and instructions: _____	

MASTER DUCT TECHNICIAN			Office Use Only	
Level 1	As of today, how many new construction duct systems have you certified? (Need at least 15)	New	New	
	As of today, how many of your new construction certified duct jobs have passed a Quality Assurance Inspection? (need 3)	Passed QA	Passed QA	
For Level 2 Certification, you must also complete all Level 1 requirements.				
Level 2	As of today, how many retrofit construction duct systems have you certified? (Need at least 15, plus Level 1)	Retrofit	New	
	As of today, how many of your retrofit construction certified duct systems have passed a Quality Assurance inspection? (need 3, plus Level 1)	Passed QA	Passed QA	
Are you ready to take the online test? <input type="checkbox"/> Yes <input type="checkbox"/> Not at this time.			Please enter your email address for link and instructions: _____	

UTILITY STAFF / TECHNICAL STAFF MASTER TECHNICIAN	Certification Applied For
Utility / Organization Name	<input type="checkbox"/> Master Heat Pump Technician
Utility / Organization Address	<input type="checkbox"/> Master Duct Seal Technician Level 1
Email address	<input type="checkbox"/> Master Duct Seal Technician Level 2

I certify under perjury of law that the information I have provided herein is accurate to the best of my knowledge. I understand that this information will be verified for accuracy and validity. Furthermore, I understand that a willful omission or misrepresentation can be used as grounds to dismiss my application and suspend or revoke my current certification/s.

Signature: _____ Date: _____