



Professional Certification Rebate Form

For a limited time, WQA is offering a rebate toward the cost of professional certification. Please see wqa.org/rebate for additional information and eligibility.

I. Certificant Information

First Name _____ Last Name _____

Email Address _____ Phone Number _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Country (if outside US) _____

II. Mailing Address (if different from above)

Rebate check recipient _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Country (if outside US) _____

For WQA Internal Use

I. Eligibility Confirmation

Training start date _____

Date certified _____

First certification title? Yes No (not eligible for rebate)



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Lisle, Illinois 60532-3696 USA
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Fax 630-505-9637
www.wqa.org



Certification achieved within 12 months of starting training? Yes No (not eligible for rebate)

Core membership status Yes No (not eligible for rebate)

II. Rebate Amount

Training, check all that apply (8850-50-80):

MEP CWS/CI/CST path (\$_____) Installer homework (\$_____)

CWS homework (\$_____) Installer Experienced path (\$_____)

CWS Experienced path (\$_____)

Exam (8850-50-80): (\$_____)

Total Rebate: _____

Date reviewed: _____

WQA Professional Certification & Training staff member reviewing:

WQA Staff Signature: _____