



Registration Form for Certification Exam

Personal Information

Name: _____

Test Taker's Phone: _____

Test Taker's Email: _____

Test Taker's Job Title: _____

Education Level:

High School Diploma

GED

Neither

Employer Information

Current Employer: _____

Company Representative that will be

completing Affidavit of Hours Worked: _____

***NOTE: Must be owner or company officer**

Company Representative's Email: _____

Employer's Address:

Street _____

City _____

State/Province/Region _____

Zip / Postal Code _____

Country (if not US) _____

Requirements to Test

Journeyman Installer

HS Diploma / GED

OSHA 10 Certificate

1000 Hours of lightning protection work experience (2000 Hours if no HS Diploma or GED)

Master Installer

Journeyman Certification

Additional 2000 Hours of lightning protection work experience beyond the Journeyman requirements

Master Installer/Designer

Master Installer Certification

Additional 2000 Hours of lightning protection work experience beyond the Master Installer requirements

Test Requested

Journeyman Installer

Master Installer

Master Installer/Designer

Is your employer a member of the LPI

Yes

No

Signature

Your typed name will serve as your electronic signature.

I certify that all answers I have provided on this Registration Form are complete and factual.

Completed form can be emailed to our office at lpi@lightning.org.