

DESIGNER REGISTRY APPLICATION FORM HVAC Designers of Canada

Name: First _____ Last; _____

Company: _____

Website: _____

Email: _____

Phone #: work (_____) _____ ext: _____; cell (_____) _____

Which one would you prefer to be listed on website?work cell

Service Area (select all that applies):

Please ensure you select the regions where you regularly provide (or intend to provide) HVAC Design services. HVAC-DC Association should not be held accountable for or deal with any complaints arising from the inability to provide all or part of the services to designated areas.

- | | | |
|----------------------|---------------------------|-----------------------|
| Alberta | British Columbia | Manitoba |
| New Brunswick | Newfoundland and Labrador | Northwest Territories |
| Nova Scotia | Nunavut | Ontario |
| Prince Edward Island | Quebec | Saskatchewan |
| Yukon (YT) | All Regions | |

Certification(s) (select all that applies): _____ **Expiry Date:** _____

HRAI Certification #: _____

BCIN (if applicable) _____

Designation	Institute	Approved Courses	Check Box
Ventilation	HRAI	Residential Ventilation using Section 9.32 of the NBC	
	HRAI	Residential Ventilation using Section 9.32 of the OBC	
	HRAI	Residential Ventilation using Section 9.32 of the BCBC	
	HRAI	Residential Ventilation using CSA-F326-M91	
Residential Heat Loss & Gain	HRAI	Residential Heat Loss & Heat Gain Calculations - CSA F280-12	
Residential Air System Design	HRAI	Residential Air System Design	
Residential Hydronic Design	HRAI	Residential Radiant Hydronic Design	
Small Commercial	HRAI	Small Commercial Heat Loss & Gain Calculations	
	HRAI	Small Commercial Air System Design	
Whole House Heat Loss & Gain	HRAI	Whole House Heat Loss & Gain CSA F280-12	
Whole House Heat Loss & Gain	CACEA	Whole House Heat Loss & Gain CSA F280-12	
Whole House Heat Loss & Gain	GCC	Whole House Heat Loss & Gain CSA F280-12	
Residential Duct Flow Testing	GCC	Residential Duct Flow Testing	
	CACEA	Residential Duct Flow Testing	
Electrical Service Capacity Assessment	GCC	Electrical Service Capacity Assessment	

TECA Certification #: _____ Expiry Date: _____

Designation	Institute	Approved Courses	Check Box
Ventilation	TECA	Ventilation Guidelines + Heat Recovery Ventilator Design & Installation	
Residential Heat Loss & Gain	TECA	Heat Loss / Heat Gain (with Heat Loss & Heat Gain Calculator)	
Residential Air System Design	TECA	Forced Air Guidelines + Principles of Moving Air (POMA)	
Residential Hydronic Design	TECA	Hydronic Systems Design	

If you would like to be listed on the Designer Registry but do not have qualifications listed above, please *submit a copy of the certificate(s) to HVAC-DC for review or contact HVAC-DC at info@hvacdc.ca for more information.*

Professional Liability Insurance (Errors and Omissions):

Policy : _____ Expiry Date: _____

(please submit a copy to HVAC-DC along with this Application Form)

FOR HVAC-DC INTERNAL USE ONLY (not to be made public):

Street Address: _____

City: _____

Province: _____ **Postal Code:** _____

I hereby declare that I possess appropriate training, skills and experience to offer HVAC Design services in the above noted categories to the public in accordance with all relevant Canadian Codes, Standards, Regulations and Guidelines.

I further declare that all information provided above and in the attached document(s) is true and correct.

I also accept that my work may be reviewed from time to time by HVAC-DC in accordance with HVAC-DC review policy & procedures and I agree to accept the results of such review which may include removal from the registry.

Check Box

I confirm that as a condition of my listing in the HVAC-DC Registry, I will maintain the following:

- *My HVAC Designers of Canada membership*
- *My education credentials, including renewals or re-training as required.*
- *My Errors and Omissions Insurance policy and will provide a new certificate immediately upon expiry.*

Check Box

Date: _____

Signature: _____