## **DUCT AND ENVELOPE TIGHTNESS**





\*Please complete all information contained on this form. Certificates will be issued only upon verification of successful course completion and full payment of \$125 received by the HBAA.

Contact Information:			
Name:			
Company:			
Address:			
City:	State:	Zip:	
Is this the address to which you wif not, please fill in the mailing in		ed? Yes / No	
Mailing Address			
Address:			
City:	State:	Zip:	
<b>DET Training Information</b> : (Information)  Course Provider:		, , , , ,	oviders)
Course Completion Date:		/ 20	
<b>Payment</b> Select one of the following pa	yment options:		
Check enclosed (Payable to	HBAA)Visa	MastercardAmeric	an Express
Card #		Exp. Date	
Name (as appears on card)			
Signature			

SUBMIT ALL FORMS TO: HBAA, P.O. Box 241305, Montgomery, AL 36124 / Fax 334-834-5380