

Certified Roofing Torch Applicator Program 2025 Payment Form

NOTE to authorized CERTA trainers: (1) Complete your top section of this payment form. (2) Provide a copy within three business days after completion of training session to the employer(s) of each applicator trained. You may also pay via your CERTA Trainer Portal or the company may pay via their own NRCA account.

Trainer's Section

Today's date:			
Trainer's name:			
Trainer's company:			
Trainer's address:			
City/State/ZIP:			
CERTA Trainer's ID #: _	Trainin	g session date:	Training session #:
NOTE: Trainers are required to submit fully completed session rosters to NRCA via your CERTA Trainer Portal within five business days of class completion.			
Employer/F	Roofing Contrac	ctor/Employee Represe	entative Section
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Employer name:			
Employer address:			
City/State/ZIP:			
Number of applicators certified: @ \$220 each, total: \$ Number of applicators recertified: @ \$180 each, total: \$		total: \$h, total: \$	
Method of payment: ☐ ACH: Name on Accou	nt	Routing #	Checking #
☐ Check or money order made payable to NRCA in the amount of \$			
□VISA□I	MasterCard	☐ American Express	☐ Discover/NOVUS
		/	
Credit card number		Expiration date A	uthorized signature
Cardholder name	Billing	address	City State Zip
Note: A 3.5% convenience fee will be added for purchases made using a credit card			
Avoid fees by paying by check or ACH			
Remit payment form to: CERTAadmin@nrca.net or via fax (847) 493-7983 Remit checks to: NRCA, P.O. Box 809261, Chicago, IL 60680-9261 (Attention: CERTA admin)			