

# CERTIFICATION APPLICATION

## Requirements/References

Please type or print legibly to complete this application. Give complete information in every category including full addresses and area codes for all telephone numbers in the reference sections. The following information must be submitted in order to qualify for participation in the *Certified Paperhanger Program*. All information must be supplied at least four (4) weeks prior to the test date. Applications received less than four (4) weeks prior to the scheduled test date will be accepted for a later date. The application fee of \$50.00 is non-refundable, therefore, be careful to give all the pertinent information requested. All information will be kept confidential.

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## References

List three (3) references who can verify you have been installing wallcovering full-time for at least two years (i.e. retailer, decorator/designer, general contractor, etc.). Note: A photo-copy of the front page of your income tax returns for the last two years will suffice.

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Title: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

## Wallcovering Breakdown

Give a breakdown of the approximate percentage of the following wallcoverings you have installed during thpast year. Total must equal 100%.

#1. Pre-Pasted Wallcoverings	____%	#4. Screen/Printed Wallcoverings	____%
#2. Stringcloth and/or Grasscloth	____%	#5. Commercial/Vinyl Wallcoverings	____%
#3. Untrimmed Wallcoverings	____%		

## Ten Most Recent Jobs

List the ten most recent jobs you have completed that attest to your craftsmanship and character as a professional paperhanger. The individuals listed below will be contacted and asked to answer several questions (or a questionnaire) concerning your job performance. If a reference is used more than once, list specific job locations on a separate sheet of paper and include it as part of your application. The Certification Committee reserves the right to conduct an on-site inspection of your craftsmanship.

## Letters of Reference

At least five (5) original letters of reference (choose five of the ten references listed) must be submitted with this application. The letters of reference must include how long you have worked with the reference, the type of wallcoverings installed for the job listed, the quality of your workmanship and professional attitude

Date of Installation: \_\_\_\_\_ Date of Installation: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Tel: \_\_\_\_\_

Category of Wallcovering: \_\_\_\_\_ Category of Wallcovering: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Date of Installation: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel: \_\_\_\_\_  
Category of Wallcovering: \_\_\_\_\_ Category of Wallcovering: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Date of Installation: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel: \_\_\_\_\_  
Category of Wallcovering: \_\_\_\_\_ Category of Wallcovering: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Date of Installation: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel: \_\_\_\_\_  
Category of Wallcovering: \_\_\_\_\_ Category of Wallcovering: \_\_\_\_\_

Date of Installation: \_\_\_\_\_ Date of Installation: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ Tel: \_\_\_\_\_  
Category of Wallcovering: \_\_\_\_\_ Category of Wallcovering: \_\_\_\_\_

## Signature/Application Fee

Once you have become a certified paperhanger, it is imperative that you continue to operate as a professional, both ethically and in workmanship. You will be among a select group of individuals who have worked hard for certification. If at any time, your performance is questioned by the general public or the Certification Committee, the CEC will conduct a hearing to investigate the complaint(s) filed against you. You have the right to be in attendance at the hearing. If the complaint(s) are found true, your certification status and use of the certification logo will be suspended and/or revoked. Any and all legal fees incurred to enforce this action will become your responsibility. This application is hereby submitted and all the information given is believed to be accurate to the best of my knowledge. I fully understand that this application and/or certification can be revoked if any information is found to be misleading to Wallpapering Instructional Resources or the Certification Examination Committee.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I understand that if I choose not to become Re-Certified or do not qualify each Re-Certification period (every three years), I must remove the designation and logo of the Certified Paperhanger Program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## Payment

The cost to become a Certified Paperhanger: exclusive of any travel and lodging costs that may be required; is \$175.00 for members of the NGPP and \$275.00 for non-members. The \$50.00 application fee is deducted from the above costs. Certification applicants can apply for Guild membership by submitting a membership application along with this application and paying membership dues of \$150.00.

Check Enclosed       Charge my credit card:  Visa    MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

## Locations

The NGPP will hold a testing site at the Annual Convention & Tradeshow in July of each year. Contact the NGPP National Office to find out information on other sites scheduled throughout the country.

**Application fee of \$50.00 MUST be included with this application.**

Certified Paperhanger Program  
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