

# Certificate Registration Form



## Instructions (Please read carefully):

1. This form is required to validate your certification and must be completed by all students within 90 days of course completion.
2. Please email this completed form and supporting documents to [admin@ispa.com](mailto:admin@ispa.com).
3. This registration is free if completed within 90 days of course completion. A fee of \$50 will be applied to all late registrations.

### 1. PERSONAL DETAILS

Full Legal Name

Email

Phone

Date of Birth (YYYY-MM-DD)

Mailing Address

### 2. CERTIFICATION DETAILS

Name of ISPA Instructor

ISPA Instructor Number

ISPA Logbook Number

Workbook Name

Date of Course Completion  
(YYYY-MM-DD)

Date of Safety Orientation  
(YYYY-MM-DD)

### 3. SUPPORTING DOCUMENTS (These must be included with this form)

Photo for ISPA Certification Card attached.

Photo or scan of ISPA Instructor sign off and embossed of ISPA Logbook attached.

### 4. CERTIFICATION

I hereby certify that a) the above information is accurate and truthful, and b) I have checked all check boxes in the applicable section of my ISPA Logbook:

*Student Signature* \_\_\_\_\_

Return this form and supporting documents to the address listed below or email to [registration@ispa.com](mailto:registration@ispa.com)