



Certified Renovation Professional Application Form

Personal Information:

Name:							
Company Name:							
Mailing Address:							
City:		Province:	Pos	tal Code:			
Phone:		Email:					
Local CHBA:							
Proof of education:							
Applicants must succe grade of 80%:	ssfully complete	the following C	HBA BC cou	rses with a	minimum passin		
BC Building Co	de Part 1						
Building Science for Renovations							
Business Planning & Management							
Construction La	Construction Law						
 Financial Mana 	Financial Management						
Project Manage	Project Management & Site Supervision						
 Renovation Fur 	ndamentals						
	oox to indicate yo	•	eted the requ	ired CHBA	BC courses to		





Work Experience:

Please enter details of your work experience below. You are required to provide proof of having 24 months of experience managing or supervising residential renovation projects gained within the past 5 years. The projects must include structural, permitted renovations as opposed to cosmetic renovations.

Project Address	City	Province	Start & End Date	Project Description

Please check box to indicate you have included a recent reference letter from a
structural engineer who supervised your work or an equivalent inspection report for your
region if a structural engineer is not utilized on your projects.





Code of conduct:

You must agree to the CHBA BC Certified Renovation Professional Code of Conduct, stating that you will:

- Work for a company that is a member of the Canadian Home Builders' Association;
- Abid by the Canadian Home Builders' Association's Code of Ethics;
- Provide clients with a detailed written contract;
- Have valid WorkSafeBC coverage;
- Use or employ companies and trades that carry applicable trade licenses;
- Complete 6 Continuing Professional Development (CPD) points per year;
- Maintain a safe worksite; and
- Communicate with clients in a professional and timely manner.

	Please verify by checking the box that you agree to the CHBA BC Certified Renovation Professional Code of Conduct				
Applicant's Signature:		Date:			

Please email the completed application with supporting documentation to: certification@chbabc.org.