



CAROLINAS ROOFING AND SHEET METAL CONTRACTORS ASSOCIATION, INC.

PROFESSIONAL ROOFING CONTRACTORS COVERING THE CAROLINAS

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## NRCA/MRCA CERTA TRAIN-THE-TRAINER REAUTHORIZATION TRAINING ONLY

Presented by CRSMCA  
**REAUTHORIZATION for Train-the-Trainer  
Torch Seminar**

DATE: **Wednesday, April 21, 2010**  
LOCATION: CRSMCA Office  
710 Imperial Court  
Charlotte, NC 28273  
(704) 556-1228  
TIME: 8:00 a.m. – 2:30 p.m. (lunch included)  
COST: \$375 per person\* (CRSMCA Members)  
\$500 per person\* (Non-members)

**\*PLEASE NOTE: PAYMENT MUST ACCOMPANY  
REGISTRATION AND IS NON-REFUNDABLE**

### Pre-requisites include the following:

- Proficient in use of a roofing torch
- Good Communication Skills
- Some training experience

### Participant Requirements:

- If a participant intends to deliver the program in Spanish, they also must be bi-lingual. Train-the-trainer is not delivered in Spanish, although the program materials they will train with are provided in Spanish and English.
- All participants must wear proper PPE for the hands on torching exercises including long pants, long – sleeve shirt and proper boots or shoes.
- All Participants are required to complete a short questionnaire and submit it prior to the start of class. This questionnaire will be provided in advance.

**PLEASE NOTE:** The NRCA/MRCA CERTA Train-the-Trainer program is a pass/fail course. Participants must pass a written examination, a roofing torch performance examination and the instructor's evaluations in order to become an authorized instructor.

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

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

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

City, State, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### **Attendee Name(s):**

*Please place a check in the box if you will NEED a hotel room the night of Tuesday, April 20, 2010.*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### List of Activities:

Training Facilitation Skills Development  
CERTA Program Policies  
Hands-on Workshop Exercises  
Field Application Torch-and-flop Exercises  
Breakouts and Group Presentations  
CERTA Program Overview  
Written Exam and Program Review

### **Method of Payment:**

Check # \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

MasterCard/Visa  American Express

\_\_\_\_\_  
Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Name (as it appears on card)

\_\_\_\_\_  
Signature

**PLEASE SUBMIT BY FRIDAY, APRIL 16, 2010**