



**Application for  
NWRA CERTIFICATION PROGRAM  
FOR ROLAGS COMPLIANCE AND ROLAGS PROFICIENCY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Company: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_  
 Country (if not USA): \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**NWRA Member Certification Packages**

- Certification Training Manual (one time use) with Exam - \$55
- Certification Exam - \$39
- Certification Training Manual (one time use) - \$29
- Certification Training Manual (unlimited use) - \$49

**NWRA Non-Member Certification Packages**

- Certification Training Manual (one time use) with Exam - \$95
- Certification Exam - \$79
- Certification Training Manual (one time use) - \$59
- Certification Training Manual (unlimited use) - \$79

*By completing this application, I certify that the information I have provided in this application is true and correct to the best of my knowledge.*

**Payment Enclosed (check one)**

- Visa     Master Card     American Express     Discover     Check Enclosed (Made payable to NWRA)

Card Number \_\_\_\_\_

CVV Number (last 3 numbers on back of card) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Send To:  
 National Windshield Repair Association  
 P.O. Box 569  
 Garrisonville, VA 22463  
 Phone: (540) 720-7484 Fax: (540) 720-3470