



**Canadian Solar Hot Water System Installer (Level 1)**  
**Certification**  
**Application Form (for experienced applicants)**

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

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Solar Company Currently Employed by (optional): \_\_\_\_\_

If you are an experienced applicant to be certified as a Canadian Solar Hot Water System Installer (Level 1) you must complete the following:

- A. Met the requirements for Cognitive Skills
- B. Met the requirement for Psychomotor Skills
- C. Pass the Solar Hot Water System Installer (Level1) Examination
  
- D. In addition, the company/organization, which you represent, must be a member of CanSIA. If you are a private installer, you must still be a CanSIA member (i.e. Advocate Individual Member).

**CanSIA Member:**  Yes  No

Please complete this form and send, along with support documentation and **application fee of \$100**, to:

**Canadian Solar Industries Association**  
ATTN: Canadian SHW System Installer Certification – Application  
2378 Holly Lane, Suite 208 Ottawa, ON K1V 7P1

The Application Review Committee will review your application and you will be notified of your acceptance (along with a copy of your certification if approved) within 6 weeks. Contact details of all certified installers will be kept in a database at CanSIA

## ***A. Cognitive Skills***

### **1. Roof/Fall Safety Course** *(please include the certificate of completion or other support documents)*

Accredited Instruction Agency: \_\_\_\_\_

Date of Course: \_\_\_\_\_

Completion documentation supplied

### **2. CanSIA SHW System Training** *(please include the letter of completion or other support documents)*

Location of Workshop: \_\_\_\_\_

Date of Course: \_\_\_\_\_

CanSIA workshop *Letter of Completion* documentation supplied

## ***B. Psychomotor Skills***

You must;

1. Be a provincially licensed plumber OR accredited pipe fitter OR accredited HVAC technician  
And have experience installing two (2) SHW systems,  
**Or;**
2. Have experience installing four (4) SHW systems.

### **1. Plumber OR Pipe Fitter OR HVAC License**

Province: \_\_\_\_\_

Plumber OR Pipe Fitter OR HVAC Provincial License #: \_\_\_\_\_

Year License granted: \_\_\_\_\_

Copy of Provincially recognized license supplied

**And:**

Experience installing two (2) SHW systems.

Please complete one installation form (on page 4 and 5) for **each** system

(NOTE: Up to (2) two systems can be *CanSIA Certified Instructor* lead demonstration installations).

### **2. Experience**

If you are NOT a provincially licensed plumber or pipe fitter or HVAC Technician, an individual must have experience installing SHW systems which **includes the installation of four (4) systems.**

Please complete one installation form (page 4 and 5 below) for **each** system (four forms required).

(NOTE: Up to (2) two systems can be *CanSIA Certified Instructor* lead demonstration installations. At least (2) two installed systems must be *Customer Installations*).

## ***C. Solar Hot Water System Installer (Level 1) Examination***

You must have successfully completed the CanSIA SHW System Installer (Level 1) Examination

Location of Examination \_\_\_\_\_

Date of Examination \_\_\_\_\_

Exam results documentation supplied

## ***Declaration of Honour***

**I certify that the above information is correct and truthful:**

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**Signature**

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**Name**

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**Date**

# Solar DHW System Installation Form (Part One)

Installation \_\_\_\_ of \_\_\_\_

**Customer Installation**

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

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

Phone Number: \_\_\_\_\_

Address/City/Province: \_\_\_\_\_

Provide letter of reference from the client.

Company that performed the installation:

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

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

Phone Number: \_\_\_\_\_

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

Your position within the company: \_\_\_\_\_

*(Fill out System Installation Information Below)*

**OR**

**CanSIA Certified Instructor Installation**

*(If Applicable - document only up to two (2) college/demonstration system installations that have been lead by a CanSIA Certified Instructor)*

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

Location of the Installation: \_\_\_\_\_

CanSIA Certified Instructor Name: \_\_\_\_\_

Address/City/Province/: \_\_\_\_\_

College/Institution where the installation was performed:

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

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

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

*(Fill out System Installation Information Below)*

**System Installation Information:**

Solar Collector Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Heat Exchanger Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Was it a custom or packaged system?  Custom  Packaged

Please include photos of:  Plumbing/tank layout  Solar plumbing details  
 Collector details  Roof mounting details

***(Solar DHW System Installation Form continued on next page)***

## Solar DHW System Installation Form (Part Two)

Installation \_\_\_\_ of \_\_\_\_

Provide a written description of system including a listing of major components and other relevant information:

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- Provide a schematic of the system installation  
(Draw in box below or provide additional documentation (e.g. computer generated schematics) however be sure to clearly identify which installation it is in reference to).

- Provide copies of permits and inspection reports (if applicable)

Building Permit Done  yes  no Copy included

Plumbing Permit Done  yes  no Copy included

Other Permits \_\_\_\_\_ Done  yes  no Copy included

**For Internal Purposes Only**

NAME: \_\_\_\_\_

**Fee Paid**

**1. Fall Safety**     Approved  
                           Documentation included     Agency approved

**2. Training**         Approved  
                           CanSIA workshop     Reviewed

**3. Exam**             Passed

**Plumber OR Pipe Fitter OR HVAC Technician**

Approved  
                           Provincial License documentation included  
                           Reviewed

And

System 1 Adequate documentation  
                           System 2 Adequate documentation

**Experience**     approved  
                           System 1 Adequate documentation  
                           System 2 Adequate documentation  
                           System 3 Adequate documentation  
                           System 4 Adequate documentation

**Comments and Recommendations**

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Approved     Further Support Required     Not Approved

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Date Notified \_\_\_\_\_  Certificate Sent     Certificate Card Sent     Placed on Database