



GENERAL APPLICATION

To be completed by School Administrator

This application is designed as a fillable PDF that can be saved and printed. Once complete, please email the form to ddipasquale@pabuilders.org. If you have any questions, please contact David DiPasquale at 717-730-4380 or ddipasquale@pabuilders.org.

Please attach any supporting documents as needed.

IMPORTANT – Please save your file with the following name:

“[School Name] General Application 20-21”

This should also be the subject line text in your email.

APPLICANT INFORMATION

School Name	
School Address	
City, State, Zip	
County	
Website	
Administrator Name	
Contact Name	
Contact Phone	
Contact Email	

SPONSORING HOME BUILDER ASSOCIATION

Local Association Name	
HBA Executive Office	
Contact Phone	

NAHB STUDENT CHAPTER

Do you have a NAHB Chapter?	YES		NO	
Is your NAHB Student Chapter roster up to date for the current school year?	YES		NO	

Name of Chapter (faculty) advisor?	
Describe HBA/Chapter activities and relations with the HBA:	

LOCAL PROGRAM TITLES/CIP CODES/NOCTI TEST NAME	
Local Program #1 Title	
CIP Code	
NOCTI Test Name	
Local Program #2 Title	
CIP Code	
NOCTI Test Name	
Local Program #3 Title	
CIP Code	
NOCTI Test Name	
Local Program #4 Title	
CIP Code	
NOCTI Test Name	
Local Program #5 Title	
CIP Code	
NOCTI Test Name	
Local Program #6 Title	
CIP Code	
NOCTI Test Name	
Local Program #7 Title	
CIP Code	
NOCTI Test Name	
Local Program #8 Title	

CIP Code	
NOCTI Test Name	
Local Program #9 Title	
CIP Code	
NOCTI Test Name	
Local Program #10 Title	
CIP Code	
NOCTI Test Name	
Local Program #11 Title	
CIP Code	
NOCTI Test Name	

PAYMENT AND FEES	
<i>Note: Evaluations fees do not include the additional costs for the review team's stipends, travel, meals, and overnight lodging.</i>	
Billing Contact Name	
Billing Contact Position	
Billing Contact Phone	
Billing Contact Email	
<i>After your application is received, the listed contact will receive an email with the invoice for the total amount selected below.</i>	
Please select which fees apply to this application	
<input type="checkbox"/>	Evaluation for Initial Endorsement (\$1,500)
<input type="checkbox"/>	Reevaluation for Follow-up from Initial Endorsement Review (\$500)
<input type="checkbox"/>	Reevaluation for Continued Endorsement after 3-Year Period (\$500)
<input type="checkbox"/>	Number of Additional Programs for Initial Evaluation (\$500/Program)

ENDORSEMENT PERIOD	
<input type="checkbox"/>	<i>By checking this box, I understand and acknowledge that the PBA Endorsement Period is for three (3) school years only. At the conclusion of each Endorsement Period, the school MUST reapply for continued endorsement subject to program availability from PBA.</i>