PRE-EXISTING TRAINING INVENTORY WAIVER

Date: _____

To: Atlantic Home Warranty Attention: Jennifer Howard 15 Oland Crescent
Attention: Jennifer Howard
15 Oland Crescent
Halifax, NS, B3S 1C6
Fax: 902-450-5454
Email: jenn@ahwp.org

From: _____(Name of Builder/Applicant)

_____(Address)

_____(Postal Code)

_____(Telephone – Daytime)

_____(Email)

RE: Permission to Provide CHBA-New Brunswick with my Course History

I, _____, hereby grant
(Print Name)

permission to the staff of Atlantic Home Warranty Program to provide to the Canadian Home Builders' Association New Brunswick, a complete history of the courses I have taken with Atlantic Home Warranty. This information is being used for my application for their Professional Designation and Certification Program.

_____
Signed (Signature)

_____
Applicant Name (Print)

_____
Witness (Signature)

_____
(Witnesses Name in Print)