



**Wisconsin
Association of
Home Inspectors, Inc.**

W.A.H.I. Educational Course Attendance Verification

Instructions: All areas must be filled in by each attendee - print clearly. A password will be given at the end of the training to serve as evidence that you were present and successfully completed the course. Return the yellow copy to WAHI and retain the white copy for your records.

Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 1-17-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Steve Bohachak
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: Air Sealing & Insulation
Phone Number: 920-255-2197	City & State of Presentation: Menasha, WI
License # 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: Air tight
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <i>Bruce Low</i>	Provider Signature: <i>D. Stinski</i>



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 2-21-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Eric Wikkelsen
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: Radon
Phone Number: 920-255-2197	City & State of Presentation: Menasha, WI
License # 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: Badgerland
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <i>Bruce Low</i>	Provider Signature: <i>D. Stinski</i>



WAHI Seminar Attendance Verification

Instructions: All areas must be filled in by each attendee - print clearly. A password will be provided given at the end of each training course to serve as proof that you were present and successfully completed the course. Return the yellow copy to WAHI and retain the white copy for your records.

Course Information

WAHI Spring 2017 Training Seminar - The Holiday Inn Hotel and Convention Center, Stevens Point, WI

Attendee Information

Name: Bruce Low License Number: 1596-106
Address: N7090 Rendezvous Rd., Luxemburg, WI
Email: bottomlineinspects@gmail.com Phone: 920-255-2197

Course/Speaker Information

Speaker Name: Jessica Cannizzaro, Milestone Plumbing, Inc.
Presentation Title: Frequently Misunderstood Plumbing
Credit Count: 1 Password: Milestone

Course/Speaker Information

Speaker Name: Patrick Stepanik and Keith Williams, CLEAResult
Presentation Title: Focus on Energy - HVAC, Insulation and Airsealing
Credit Count: 1 Password: Air Sealing

Course/Speaker Information

Speaker Name: David Rushton, ABLE Building Inspection
Presentation Title: Electrical...the Rest of the Story
Credit Count: 2 Password: Harley 1954

Course/Speaker Information

Speaker Name: David Rushton, ABLE Building Inspection
Presentation Title: Old Homes - Parts 1 and 2
Credit Count: 4 Password: Harley 1954

I, the Attendee, believe the information stated on this form to be true. I acknowledge that any false statements could result in disciplinary action by WAHI and/or the State of Wisconsin. I am responsible for retaining a copy for my records for any future needs.

Attendee Signature: Bruce Low Date: March 11, 2017
WAHI Signature: Julie Arstein



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 3-10-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Mike Von Gunten
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: Peer Review
Phone Number: 920-255-2197	City & State of Presentation: Stevens Point, WI
License # 1596-106	Number of Hours of Presentation: 8
Email Address: bottomlineinspects@gmail.com	Password: Better Inspector
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <i>Bruce Low</i>	Provider Signature: <i>Julie Arnstein</i>



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 3-21-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Bob Turcick
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: STS Education House Review
Phone Number: 920-255-2197	City & State of Presentation: Menasha, WI
License # 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: WAHI
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <i>Bruce Low</i>	Provider Signature: <i>David Arnold</i>



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 4-17-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Doug Hoerth
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: Misc. Code Stuff
Phone Number: 9202552197	City & State of Presentation: Menasha
License # 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: MOOSE
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <i>Bruce Low</i>	Provider Signature: <i>D. Storch</i>



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 6-20-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Sean Steffes, A.C.G.
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: Geo Thermal
Phone Number: 920-255-2197	City & State of Presentation: Menasha, WI
License # 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: Water Furnace
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <i>Bruce Low</i>	Provider Signature: <i>David Storch</i>



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 7/18/17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Brian Van Wegeningen
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: Reseal
Phone Number: 9202552197	City & State of Presentation: Menasha, WI
License #: 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: Foggy Windows
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature:	Provider Signature:



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Attendee Information:	Course/Speaker Information:
Name: Bruce Low	Date: 8-15-17
Street Address: N7090 Rendezvous Rd.	Speaker Name: Paul Birschbach
City, State, Zip Code: Luxemburg, WI 54217	Name of Presentation: On-site Education
Phone Number: 920255-2197	City & State of Presentation: Menasha, WI
License #: 1596-106	Number of Hours of Presentation: 2
Email Address: bottomlineinspects@gmail.com	Password: Warner Homes
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature:	Provider Signature:



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>9/19/17</u>
Street Address: <u>N7090 Rendezvous Rd.</u>	Speaker Name: <u>Steve Pipson & Dylan Crye</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>Focus On Energy Home Energy Score</u>
Phone Number: <u>920-255-2197</u>	City & State of Presentation: <u>Menasha, WI</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>2</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Home Energy Score</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>[Signature]</u>	Provider Signature: <u>David Stoumbli</u>



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>10-17-17</u>
Street Address: <u>N7090 Rendezvous Rd.</u>	Speaker Name: <u>Daver Bremer</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>Foundations</u>
Phone Number: <u>9202552197</u>	City & State of Presentation: <u>Menasha, WI</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>2</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Footings</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>[Signature]</u>	Provider Signature: <u>David Stoumbli</u>



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>11-3-17</u>
Street Address: <u>N7090 Rendezvous Rd.</u>	Speaker Name: <u>WAHI</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>WAHI Ed House</u>
Phone Number: <u>920-255-2197</u>	City & State of Presentation: <u>WI Dells</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>3+4=7</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Mike + Bruce</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>Bruce Low</u>	Provider Signature: <u>Julie Arstein</u>



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WAHI Seminar Attendance Verification

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Course Information

WAHI Fall 2017 Training Seminar - Chula Vista Resort, Wisconsin Dells, WI

Attendee Information

Name: Bruce Low License Number: 1596-106
 Address: N7090 Rendezvous Rd., LUX, WI 54217
 Email: bottomlineinspects@gmail.com Phone: 920-255-2197

Course/Speaker Information

Speaker Name: Josh Fulfer, KVF Marketing
 Presentation Title: How to Book MORE Inspections
 Credit Count: 2 Password: Google

Course/Speaker Information

Speaker Name: Adrian Scott, WI Energy Conservation Corp.
 Presentation Title: Residential Heating Systems
 Credit Count: 2 Password: Fishing

Course/Speaker Information

Speaker Name: Lauren Triebenbach, von Briesen & Roper, s.c.
 Presentation Title: Handling Legal Situations
 Credit Count: 1 Password: Home

Course/Speaker Information

Speaker Name: Jessie Cannizzaro, Milestone Plumbing
 Presentation Title: Frequently Misunderstood Plumbing
 Credit Count: 3 Password: Bubbler

I, the Attendee, believe the information stated on this form to be true. I acknowledge that any false statements could result in disciplinary action by WAHI and/or the State of Wisconsin. I am responsible for retaining a copy for my records for any future needs.

Attendee Signature: [Signature] Date: November 4, 2017
 WAHI Signature: _____

Julie Arstein

Total = 8 hrs



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>11-21-17</u>
Street Address: <u>N7090 Rendezvous Rd</u>	Speaker Name: <u>Randy Lewins</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>K & T wiring / HI Software</u>
Phone Number: <u>9202552197</u>	City & State of Presentation: <u>Menasha, WI</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>2</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Pumpkin Pie</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>Bruce Low</u>	Provider Signature: <u>David Stoinicki</u>



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>12-19-17</u>
Street Address: <u>N7090 Rendezvous Rd.</u>	Speaker Name: <u>Mark Maynard</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>Chimneys & Fireplaces</u>
Phone Number: <u>920-255-2197</u>	City & State of Presentation: <u>Menasha, WI</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>2</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Soot</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>Bruce Low</u>	Provider Signature: <u>David Stoinicki</u>



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>11-21-17</u>
Street Address: <u>N7090 Rendezvous Rd</u>	Speaker Name: <u>Randy Lewins</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>K & T wiring / HI Software</u>
Phone Number: <u>9202552197</u>	City & State of Presentation: <u>Menasha, WI</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>2</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Pumpkin Pie</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>Bruce Low</u>	Provider Signature: <u>David Stoinicki</u>



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Attendee Information:	Course/Speaker Information:
Name: <u>Bruce Low</u>	Date: <u>12-19-17</u>
Street Address: <u>N7090 Rendezvous Rd.</u>	Speaker Name: <u>Mark Maynard</u>
City, State, Zip Code: <u>Luxemburg, WI 54217</u>	Name of Presentation: <u>Chimneys & Fireplaces</u>
Phone Number: <u>920-255-2197</u>	City & State of Presentation: <u>Menasha, WI</u>
License #: <u>1596-106</u>	Number of Hours of Presentation: <u>2</u>
Email Address: <u>bottomlineinspects@gmail.com</u>	Password: <u>Soot</u>
<p>I, the Attendee, believe that the information given on this form is true. I realize that a misstatement could result in disciplinary action by W.A.H.I and/or the State of Wisconsin. I am also responsible for retaining a copy for my records for any future needs.</p>	
Attendee Signature: <u>Bruce Low</u>	Provider Signature: <u>David Stoinicki</u>