



1. Name: Mr./Mrs./Ms./Miss Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

2. Title \_\_\_\_\_

3. Agency \_\_\_\_\_

4. Work Address (Street and Number): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

5. I approve this applicant's participation in the BOC – Level II class.

Name of Supervisor/ELO/Energy Manager: \_\_\_\_\_ Signature: \_\_\_\_\_

6. Course Information

**Building Operator Certification (BOC) – Level II**

*Class Dates: October 12, October 19, October 26, November 9, November 16, November 30, December 7, and December 14, 2012 (half day) from 8:30 AM – 4:00 PM*

I completed BOC – Level I:

- |  |  |
|--|--|
| <input type="checkbox"/> March 13 - June 26, 2009 (CTC)        | <input type="checkbox"/> February 4 - May 20, 2011 (CTC)       |
| <input type="checkbox"/> September 4 - December 18, 2009 (CTC) | <input type="checkbox"/> September 9 - December 23, 2011 (CTC) |
| <input type="checkbox"/> February 5 - May 21, 2010 (CTC)       | <input type="checkbox"/> February 3 - May 18, 2012 (CTC)       |
| <input type="checkbox"/> September 3 - December 17, 2010 (CTC) | <input type="checkbox"/> DOE – Division of School Facilities   |

Date Submitted: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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To register complete this form by **September 21, 2012** and send to:

Attn:

Ms. Blasina Sims, Program Assistant  
CUNY School of Professional Studies  
365 Fifth Avenue, Room 8308  
New York, NY 10016  
212.817.7144

Or fax to: 212.889.2460  
Or email to: [blasina.sims@mail.cuny.edu](mailto:blasina.sims@mail.cuny.edu)