

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

I completed BOC – Level I: yes no

Date Submitted: _____ Signature of Applicant: _____

To register complete this form and send to:

Attn:
Ms. Blasina Sims, Program Assistant
CUNY School of Professional Studies
365 Fifth Avenue, Room 9201
New York, NY 10016
212.817.7144 (phone)
Or fax to: 212.889.2460
Or email to: blasina.sims@mail.cuny.edu