

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

2. Agency: _____ Title: _____

Years in this position: _____ Name of Supervisor/ELO/Energy Manager: _____

CBCP is designed to meet the training requirements of those who need to know the technical details of the commissioning process. Please give a brief description of your relevant work history:

4. Email Address: _____

Work Address: _____

Office and/or Mobile Telephone: _____

5. Have you taken BOC-2? Yes No Date Completed _____

6. Applicant signature: _____ Date: _____

Supervisor/ELO/Energy Manager signature: _____ Date: _____

To register, complete this form and email to: Gwyn Kishlansky: gkishlansky@dcas.nyc.gov

Registration confirmation will be emailed at least two weeks prior to course start date.

For questions, please contact Gwyn Kishlansky at 212-669-4381.