



EARCX1: Energy Auditor / Retro-cx Agent Registration Form
Must be typewritten



1 Application Type: <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Change / Re – Issue	2 Registration Number
	#
3 Applicant Information: <i>Required for all applications.</i>	

First Name	Middle Initial	Last Name
Social Security #	Date of Birth (mm/dd/yyyy)	
Home Address:		
City	State	Zip
Mobile Telephone		
Email Address:		
Business Name	Business Telephone	
Business Address	Business Fax	
City	State	Zip
Mobile Telephone		

4 Registration Type:
Choose one: <input type="checkbox"/> Energy Auditor <input type="checkbox"/> Retro-Commissioning Agent <input type="checkbox"/> Both

5 Qualifying Experience: <i>Please attach copies of certificates</i>

5A For Energy Auditor:

- Type of Certification: *Choose one*
- Certified Energy Auditor (CEA)
 - Building Energy Assessment Professional (BEAP)
 - Certified Energy Manager (CEM)
 - High-Performance Building Design Professional (HPBD)
 - Multifamily Building Analyst (MFBA) *for multi-family residential buildings only*

Certification Number: _____

5B For Retro-Commissioning Agent:

- Type of Certification: *Choose one*
- Certified Commissioning Professional (CCP)
 - Commissioning Process Management Professional (CPMP)
 - Certified Building Commissioning Professional (CBCP)
 - Existing Building Commissioning Professional (EBCP)

Certification Number: _____

6 Statements and Signatures:

As a condition of being granted a registration, I attest that I comply with all New York City Administrative Codes including AC § 28-308 .1 and the rules of the Department of Buildings and the Rules of the city of New York including 1RCNY § 103-07(c)(1) and 103-07(c)(2), and the rules, regulations, and directives governing how registrants conduct their specific trade. I understand it is unlawful to make a false statement to the Department: or to give a city employee, or for a city employee to accept , any benefit, monetary or otherwise, either as a gratuity for property performing the job or in exchange for special consideration. Such actions are punishable by imprisonment, fine and/or loss of registration. In the event an accident involves actions undertaken in connection with my registration. I understand that the Administration Code requires that I cooperate with any investigation and that failure to do so may result in immediate suspension, revocation or other disciplinary action.

Name (please print)

Signature Date

Sworn to before this _____ day of _____, 20_____

Notary Public

Do not write in this section **ADMINISTRATIVE USE ONLY** *Do not write in this section*

Expiration Date: _____ Date Received: _____

Clerk's Signature: _____ Fee Paid: \$ _____

Comments: