

# CEA<sup>®</sup> APPLICATION

**Seminar Type:**  Live  Online  On-demand (On Demand attendees must send a copy of Completion Certificate to [fseskin@aeecenter.org](mailto:fseskin@aeecenter.org) before CEA application can be processed)

Seminar Name / Date / Location: \_\_\_\_\_

**Exam Type:**  Live  Remote Testing

Exam Date / Location: \_\_\_\_\_  
(Complete Date/Location for live exam only)

**NOTE:** The following information is to be filled out as completely as possible. Please read the "[Candidate Handbook/Information for Applicants](#)" very carefully, and follow instructions for completing and forwarding forms. It is important that the AEE Certification Board have substantiating data for each criteria indicated in the application. APPLICATIONS MUST BE ACCOMPANIED BY THE \$400.00 FILING AND EXAMINATION FEE IN ORDER TO BE CONSIDERED. **THIS APPLICATION DOES NOT AUTOMATICALLY REGISTER YOU FOR THE REQUIRED TRAINING SEMINAR. PLEASE COMPLETE SEPARATE SEMINAR REGISTRATION.** To view a list of training providers, visit [www.aeecenter.org/CEA/training](http://www.aeecenter.org/CEA/training).

**Mail application and payment to:**

AEE – CEA Certification Dept.  
3168 Mercer University Drive  
Atlanta, GA 30341  
**OR fax to:** 770-447-4354

Payment enclosed \$ \_\_\_\_\_ Ck# \_\_\_\_\_  
Credit Card#: \_\_\_\_\_ CVV# \_\_\_\_\_  
Amex \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Personal Data (Please print or type)**  
Full legal name as it will appear on certificate:

*File Number:* \_\_\_\_\_ (AEE Internal Use Only)

Mr.  Ms.  Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Job Title: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Personal E-mail: \_\_\_\_\_

Address Requested for Correspondence:  Business  Residence  
E-mail Address Requested for Correspondence:  Business  Personal

**Active CEM's will not be required to provide copies of College Transcripts/PE License. You will only need to submit this 4 page signed application and the Employment Verification Form(s).**

I am a current Certified Energy Manager (CEM®): yes no

If yes, please include CEM Number and Expiration date: \_\_\_\_\_

### DIVISION I – EDUCATION

List in chronological order the name and location of each college or university from which you have earned a degree; also list other appropriate training.

**Please arrange for Official College Transcripts where degree was issued to be forwarded to AEE, but do not delay filing of application for this reason.**

Note: If there is a possibility that the name that appears on your transcript may be different from the name that you currently use (ie. your maiden name), please provide that name here:

Name & Location Of Institution	Years From - To	Date Graduated	Degree Received	Field In Which Degree Was Issued

### DIVISION II – PROFESSIONAL REGISTRATION

I am a Professional Engineer: yes no  
I am a Registered Architect: yes no

If you answered yes to any of the above, complete the following and **enclose copy registration. Registration must indicate that license is currently in force.**

State	Registration No.	Date	Now in Force
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

Have any states revoked or suspended your registration? yes no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DIVISION III – EXPERIENCE RECORD**

Applicant should forward one copy of the Employment Verification Form to each employer for those periods which apply to Certification Eligibility. Forms may be completed by immediate superiors or personnel officers and must be returned directly to AEE. Please complete the following in chronological order and list the most recent employer first. Include a description of job functions held for those periods of employment, which qualify you for specific category of certification as applied for. This form may be copied if additional space is needed.

Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		
Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		
Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		

**Please verify that you have completed the items below: \*\*REQUIRED\*\***

I have completed a minimum of 2 hours of Safety Training within the last three years.

I have participated in five commercial audits within the last three years. Two of the audits are a minimum of 10,000 sq. ft. Also, the audits have been of at least two different building types.

**Affidavit**

I \_\_\_\_\_(Name), having completed the aforementioned to the best of my ability, do hereby apply for AEE Certified Energy Auditor Certification and wish to take the CEA Examination.

I hereby agree (a) to be bound by terms and provisions of the Certificate of Incorporation of the Association of Energy Engineers, its by-laws and such other regulation as may from time to time be in force, so far as they may affect me; (b) to indemnify and hold harmless each and all of your members, Board of Directors, Certification Board, officers, examiners and agents from and against any liability whatsoever in respect to any act or omission by you or them or any of them in connection with this application, the examination, the grades given upon such examination, and/or the granting or issuance of or failure to grant or issue a certificate to me; (c) that any prescribed fee paid by me is not refundable; and (d) that any certificate granted or issued me shall remain the property of the Association. I certify that all the information contained in this application is correct to the best of my knowledge.

I further pledge myself hereby to the highest ethical standards in the practice of energy auditing and hereby agree to abide by the Code of Ethics for Certified Energy Auditors ([www.aeecenter.org/CEACodeOfEthics](http://www.aeecenter.org/CEACodeOfEthics))

Signature in Full \_\_\_\_\_

Date: \_\_\_\_\_

---



**REQUEST FOR EMPLOYMENT AND  
JOB DUTIES VERIFICATION**  
Certified Energy Auditor

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

I am applying to the Association of Energy Engineers for Certification as an Energy Auditor. In this regard, I hereby authorize your release of the requested information enclosed which verifies my employment and duties from the period \_\_\_\_\_ to \_\_\_\_\_.

Please furnish the requested information as completely as possible, and ***return to AEE Certification Board-CEA.***

The receipt of replies will be reported by AEE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for Energy Auditor Certification.

\_\_\_\_\_  
Applicant Signature

***NOTE: If self-employed, complete letter of client verification.***

**APPLICANT COMPLETE / Attach to Cover Letter**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**LETTER OF EMPLOYMENT and JOB DUTIES VERIFICATION**

The following information verifies the employment and duties of the above applicant for AEE Certification.

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

The above named applicant was (has been) employed by our company from \_\_\_\_\_ to \_\_\_\_\_ and has held the following positions:

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

**\*\*\*Please fully describe the energy auditing or energy assessment team responsibilities of the applicant (REQUIRED). Attach descriptions if necessary to answer fully. Forms with incomplete details will not be processed\*\*\***

To the best of my knowledge, and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information: \_\_\_\_\_  
(Please type or print)

Official Title of Respondent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may be contacted by AEE as a random sample to confirm and verify information provided.*

**Return to: AEE CERTIFICATION BOARD – CEA  
3168 MERCER UNIVERSITY DRIVE  
ATLANTA, GEORGIA 30341**



## REQUEST FOR CLIENT VERIFICATION Certified Energy Auditor

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_

Dear \_\_\_\_\_:

I am applying to the Association of Energy Engineers for Certification as an Energy Auditor. In this regard, I hereby authorize your release of the requested information enclosed which verifies my employment and duties from the period \_\_\_\_\_ to \_\_\_\_\_.

Please furnish the requested information as completely as possible, and ***return to the AEE Certification Board-CEA.***

The receipt of replies will be reported by AEE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for Energy Auditor Certification.

\_\_\_\_\_  
Applicant Signature

**NOTE: Complete this form only if self-employed – furnish three (3) client verification letters.**

**APPLICANT COMPLETE / Attach to Cover Letter**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**CLIENT COMPLETE / LETTER OF CLIENT VERIFICATION**

The following information verifies the Contractor/Consultant and duties of the above applicant for AEE Certification.

Company: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

The above contractor/consultant has provided service(s) to our company from:

\_\_\_\_\_ to \_\_\_\_\_

**\*\*\*Please fully describe the energy auditing or energy assessment team responsibilities of the applicant (REQUIRED). Attach descriptions if necessary to answer fully. Forms with incomplete details will not be processed\*\*\***

To the best of my knowledge, I hereby attest that the above information is true and correct.

Name of person supplying information: \_\_\_\_\_  
(Please type or print)

Official Title of Respondent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may be contacted by AEE as a random sample to confirm and verify information provided.*

**Return to: AEE CERTIFICATION BOARD – CEA  
3168 MERCER UNIVERSITY DRIVE  
ATLANTA, GEORGIA 30341**