



CERTIFIED BUILDING COMMISSIONING FIRM (CBCF)
Application

Note: This form to be used only by a firm who employ's at least one CBCP who is responsible for overseeing all commissioning activities and has worked on or completed at least three commissioning projects.

Please remit with \$1,500.00 processing fee to:

The Association of Energy Engineers
CBCF Certification
3168 Mercer University Drive
Atlanta, GA 30341

PAYMENT METHOD:

- Check Enclosed
Credit Card (Visa/MC/AMEX)
Account #:
Expiration Date:
Signature:

Form fields for CBCP information: Last Name, First, MI, Company Name, Mailing Address, City, State, Zip Code, Phone Number, Fax Number, CBCP #, Email Address.

\*\*Please submit this application form along with the attached Project Summary Sheet and Client Reference Forms. Incomplete applications will not be processed.

I agree that AEE has the right to audit and verify successful completion of the projects provided. I certify that all the information contained in this application are correct and accurate to the best of my knowledge and hold harmless the Association of Energy Engineers (AEE), its contractors, the Certification Board, and those affiliated with AEE and its programs.

Applicant Signature: Date:

**COMMISSIONING PROJECT SUMMARY SHEET**

Please describe at least 3 commissioning projects, existing building or new construction, that the firm has been involved in or completed.

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

CBCP Signature: \_\_\_\_\_

Project Name & Description	Description of Commissioning Activities Performed	New or Existing Construction	Client's Name, Address and Phone Number **also provide Client Reference Form	Type of Facility	Square Footage of Facility	Project Cost	Date of Completion
1.							
2.							
3.							
4.							



**APPLICANT FILL IN (type or print)**

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LETTER OF CLIENT REFERENCE**

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

Client: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Please describe fully the commissioning activities performed by the applicant. Attach descriptions if necessary to answer fully.

\_\_\_\_\_  
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: \_\_\_\_\_

**Return to: AEE Certification Board – CBCF  
3168 Mercer University Drive  
Atlanta, GA 30341**