

APPLICANT FILL IN (type or clearly print)

Project Name: _____ Date: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip: _____

LETTER OF BUILDING OWNER VERIFICATION

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