

EXAM SITE: Online – Energy Efficiency Council DATE: _____



**DETAILED APPLICATION FOR
Certified Measurement & Verification Professional
(CMVP®)**

**A Certification by the
ASSOCIATION OF ENERGY ENGINEERS® in conjunction with
EFFICIENCY VALUATION ORGANIZATION's training**

The following information is to be filled out as completely as possible. It will be used by the Local Panel to assess your candidacy for attaining CMVP status. It is important that the CMVP Local Panel have substantiating data for each criterion indicated in the application. Please type clearly or print data except where signature is required.

E-mail the application to: katie.bartrop@eec.org.au

Personal Data (Complete in Full – Please Print or Type)

Prefix: Mr. Mrs. Ms. Dr. Last (Family) Name: _____

First (Given) Name: _____ Middle Initial: _____

Name as it will be printed on the certificate: _____

Current job title: _____

Work email address: _____

Current employer: _____

Employer address: _____

City: _____ Country: _____ Post Code: _____ Tel (w): _____

Residential address (course materials will be sent here unless otherwise advised):

_____ City: _____ Country: _____ Post Code: _____

Tel (m): _____ Personal e-mail address: _____

Preferred address for correspondence (ongoing): Company Residence

Your Qualifying Status is:

- Bachelor's degree from an accredited university or college in science, engineering, architecture, business, law, finance or related field and 3 years of verified experience in energy or building or facility management, or measurement and verification;
- Registered Professional Engineer (PE) or Registered Architect (RA) and 3 years of verified experience in energy or building or facility management, or measurement and verification;
- 4-year non-technical degree from an accredited college or university in a field not specified above and 5 years of verified experience in energy or building or facility management, or measurement and verification;
- 2-year technical degree and 5 years of verified experience in energy or building or facility management, or measurement and verification;
- 10 years verified experience in energy or building or facility management, or measurement and verification; or
- Current status of Certified Energy Manager® (CEM®) given by AEE

DIVISION I – EDUCATION

List in chronological order the name and location of each college or university attended; also list graduate and research work and other appropriate training.

Name & Location of Institution	Years and Dates From – To (YYYY/MM)	Date Graduated (YYYY/MM)	Degree Received	Field in Which Degree Was Issued

DIVISION II – PROFESSIONAL REGISTRATION(S)

- A. Professional Engineer Yes No
- B. Architect Yes No
- C. Certified Energy Manager (CEM®) given by AEE Yes CEM No. _____ No

If registered, please complete the following:

Country/State	Registration No.	Date registered	Now in Force
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Has any country/state revoked or suspended your registration? Yes No

If yes, please explain: _____

DIVISION III – EXPERIENCE RECORD

Please complete the following in chronological order. Include a description of energy or building or facility or M&V job functions held in for each employment period. This form may be duplicated if additional space is needed. If in doubt about the applicability of your experience, please err on the side of inclusion.

Dates (YYYY/MM)	Employer name & address	Concise statement of employment experience Please provide energy-related job functions
From:		
To:		
Job title or Position:		
Dates (YYYY/MM)	Employer name & address	Concise statement of employment experience Please provide energy-related job functions
From:		
To:		
Job title or Position:		
Dates (YYYY/MM)	Employer name & address	Concise statement of employment experience Please provide energy-related job functions
From:		
To:		
Job title or Position:		
Dates (YYYY/MM)	Employer name & address	Concise statement of employment experience Please provide energy-related job functions
From:		
To:		
Job title or Position:		

OBLIGATION / GENERAL DATA PROTECTION REGULATION (GDPR)

I _____ (print name), having completed the above to the best of my ability, do hereby apply for AEE Certified Measurement & Verification Professional designation and wish to take the CMVP examination. I certify that the information I have provided is correct and agree to indemnify and hold harmless the Efficiency Valuation Organization (EVO®) and the Association of Energy Engineers (AEE), their contractors, the Certification Board, and those affiliated with EVO and AEE and their programs.

The information in this application is being collected for the sole purpose of certification with AEE. This data will be sent to relevant parties involved in the certification process, including the training partner(s) and the local certification board. This data will be processed outside of the EU. If you do not agree to this, please do not submit this application.

AEE is obligated to provide on its website a list of all personnel holding AEE certifications. This list contains the individual's certification number, name, employer, city, country, and date of expired certification. If you do not agree to this requirement, please do not submit this application.

Regarding AEE's use of your personal data:

- Yes or No (please circle one): I agree that AEE may use my data in association with processing and managing free AEE Membership promotions.
- An AEE account will be created for you based on the above information. If you would like to subscribe to AEE's marketing emails, please access your account to opt in.

Signature (electronic is acceptable): _____ Date: _____

N.B. Verify that your name is written correctly and that you've clearly stated your name as you wish it to be printed on your CMVP Certificate. In case that you've made a mistake and you want a new certificate to be issued, you'll be charged a fee of US\$20 payable directly to AEE.

Certification Board (Do not complete)	The CMVP Local Panel, acting at its regular meeting on _____20____ has <input type="checkbox"/> approved <input type="checkbox"/> disapproved this application as presented for certification classification. _____ Secretary, CMVP Local Panel	Date _____
--	--	------------