EXAM SITE:	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 is important that the CMVP Board have substantiating data for each criteria indicated in the application. Please type clearly or print data except where signature is required.

E-mail the application to		prior to the course start date.		
Personal Data (Complet	e in Full – Pleas	se Print or Type)		
Last (Family) Name:		First (Given) Name:		
Middle Initial:				
Names as they should be print	ed on the certificate	:		
Company position:				
Company:				
Company Address:				
			Postal Code:	
Tel:		Fax:		
Residence (Permanent) Addre	ss:			
City:	Country:		Postal Code:	
Tel:		E-mail:		
Address for Correspondence:	☐ Company	Residence		
Your Qualifying Status is:				
			, engineering, architecture, business, r building or facility management, or	
Registered Professional Engenergy or building or facility ma	• • •	` ,	d 3 years of verified experience in n	

☐ Have 4-year non-techniques of verified experience	_		_			
\square Have 2-year technical degree and 5 years of verified experience in energy or building or facility management, or measurement and verification						
\square Have 10 years of verified experience in energy or building or facility management, or measurement and verification						
☐ Have a current status o	f Certified Energy I	Manager® (CEM	®) given by AEE			
DIVISION I – EDUCA	TION					
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	Date Graduated	Degree Received	Field in V Degree Wa		
						
DIVISION II – PROFE	SSIONAL REG	ISTRATION(S)			
A. Professional Engineer			☐ Yes		□ No	
B. Architect			☐ Yes ☐ No		No	
C. Certified Energy Manager (CEM®) given by AEE			☐ Yes CEM No ☐ No] No	
If registered, please comp	lete the following:					
Country/State	Registration No.		Date	Now	Now in Force	
				☐ Yes	☐ No	
				☐ Yes	☐ No	
				☐ Yes	☐ No	
				☐ Yes	☐ No	
Has any country/state rev	oked or suspended	your registration	n? ☐ Yes		No	

DIVISION III - EXPERIENCE RECORD

Please complete the following in chronological order. Include a description of energy or building or facility or measurement & verification job functions held in for each employment period. This form may be duplicated if additional space is needed.

Date (VVVVV/MMM/DD)	Employer	Concise Statement of Employment Experience
(YYYY/MM/DD) From:	Name & Address	Please Give Energy-Related Job Functions
Го:		
Titl	e or Position	
Date (YYYY/MM/DD)	Employer Name & Address	Concise Statement of Employment Experience Please Give Energy-Related Job Functions
From:		<u> </u>
То:		
Title or Position		

Date (YYYY/MM/DD)	Employer Name & Address	Concise Statement of Employment Experience Please Give Energy-Related Job Functions
From:		
То:		
Titl	e or Position	
Date (YYYY/MM/DD)	Employer Name & Address	Concise Statement of Employment Experience Please Give Energy-Related Job Functions
From:		
То:		
Title or Position		- - -

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 (Please Circle):

 Yes or No: I agree that AEE may use my data in association with processing and managing my free AEE Membership.

Date: __

Yes or No: I would like to subscribe to AEE's marketing emails.

Signature:

, ,	ame is written correctly and that you've clearly stated your Given and Family name. In cas stake and you want a new certificate to be issued, you'll be charged a fee of US\$20 payab	
Certification Board (Do not complete)	The CMVP Board, acting at its regular meeting on bas ☐ approved ☐ disapproved this application as presented for certification classification.	
	Secretary, CMVP Board Date	