



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
 DIVISION OF ENERGY  
**MISSOURI CERTIFIED HOME ENERGY AUDITOR  
 APPLICATION - (For Individual Applicant)**

<b>FOR OFFICE USE ONLY</b>
DATE RECEIVED:
REVIEWER:

This application form is for **only** those individuals who have completed a Missouri Department of Economic Development approved training program.

**CONTACT INFORMATION**

FIRST NAME	MIDDLE INITIAL OR NAME	LAST NAME	
ADDRESS			CITY
COUNTY	STATE	ZIP	TELEPHONE NUMBER
EMAIL ADDRESS			

**EXISTING CERTIFICATION – BPI Building Analyst Professional, Energy Auditor, or Quality Control Inspector**

BPI Affiliate where training was received	
Date training completed	
Certification Number	
Certification expiration date	

**\*Attach Copy of Training Certificate (Required)**

**EXISTING CERTIFICATION – RESNET Certified Rater**

Accredited Rating Provider where training was received	
Date training completed	
Certification Number	
Certification expiration date	

**\*Attach Copy of Training Certificate (Required)**

Attach the following to application:  
 Business brochures (if applicable)  
 Copy of business advertisements (if applicable)  
 Web site address of business (if applicable)  
 Copy of business license (if applicable)  
 Proof of business name registration with Secretary of State (if applicable)  
 Proof of general or professional liability insurance of at least \$500,000 (required)

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete and accurate.

SIGNATURE	DATE
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**MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:**  
 MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
 DIVISION OF ENERGY  
 P.O. BOX 1766  
 JEFFERSON CITY, MO 65102-1766

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COMMENTS	
MISSOURI CERTIFICATION NUMBER	DATE ASSIGNED