



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
 DIVISION OF ENERGY  
**MISSOURI CERTIFIED HOME ENERGY AUDITOR  
 APPLICATION - (For Commercial Building Professional)**

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

This application form is for **only** those individuals who meet **commercial building energy audit** requirements set by Missouri Department of Economic Development.

**Contact Information**

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

**Missouri Professional Engineer License Number**

Please provide a brief description of building energy efficiency experience including years and exemplary projects	
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**Existing Certification Verification**

Certificate issuing entity	<input type="checkbox"/> ASHRAE <input type="checkbox"/> Association of Energy Engineers (AEE) <input type="checkbox"/> Building Commissioning Association (BCxA) <input type="checkbox"/> National Environmental Balancing Bureau (NEBB)		
Certificate type	<input type="checkbox"/> Building Energy Assessment Professional (BEAP) <input type="checkbox"/> Building Commissioning Professional (BCxP) <input type="checkbox"/> Certified Energy Auditor (CEA) <input type="checkbox"/> Certified Building Commissioning Professional (CBCP) <input type="checkbox"/> Certified Commissioning Professional (CCP) <input type="checkbox"/> Commissioning Process Professional (CxPP)		
Certification number		Certification expiration date	

**Attach Copy of Certificate (Use "\*" only if explained elsewhere.)**

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