



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
 DIVISION OF ENERGY
**MISSOURI CERTIFIED HOME ENERGY AUDITOR
 APPLICATION – Training Institution**

FOR OFFICE USE ONLY

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| DATE RECEIVED: |
| |
| REVIEWER: |
| |

This form is for institutions or entities only that offer a home energy auditor training program and would like to have the **program** certified as meeting the Department of Economic Development criteria. Once the program receives certification, graduates would be eligible for full certification by applying to the Department of Economic Development.

CONTACT INFORMATION

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

TRAINING INFORMATION/LOCATION

| | | | |
|---------------------------------|--|--|-------------------------------|
| NAME OF TRAINING PROGRAM | | | |
| ADDRESS | | CITY | STATE |
| LENGTH OF TRAINING COURSE | | HOW MANY YEARS HAS COURSE BEEN OFFERED | FREQUENCY OF TRAINING CLASSES |
| DATES OF NEXT SCHEDULED COURSES | | | |
| STATE CHARTER NUMBER | | | |

CHECK WHETHER THE STUDENTS ARE TRAINED ON AND USE THE FOLLOWING EQUIPMENT ITEMS:

| | | | |
|----------------------------------|--------------------------|---------------------|--------------------------|
| Blower Door | <input type="checkbox"/> | Combustion analyzer | <input type="checkbox"/> |
| Duct pressurization device | <input type="checkbox"/> | Pressure pan | <input type="checkbox"/> |
| Digital carbon monoxide analyzer | <input type="checkbox"/> | Digital thermometer | <input type="checkbox"/> |
| Gas leak detection device | <input type="checkbox"/> | Diagnostic smoke | <input type="checkbox"/> |

CHECK WHICH OF THE FOLLOWING SUBJECT AREAS ARE INCLUDED IN THE TRAINING (SEE PROGRAM GUIDANCE FOR MORE COMPLETE DESCRIPTION OF SUBJECT AREAS)

| | | | |
|---|--------------------------|-----------------------------------|--------------------------|
| Energy Audits | <input type="checkbox"/> | Building Envelope | <input type="checkbox"/> |
| Building Science | <input type="checkbox"/> | Heat Flow Principles | <input type="checkbox"/> |
| Conduction | <input type="checkbox"/> | Convection | <input type="checkbox"/> |
| Radiation | <input type="checkbox"/> | Quantifying Building Energy Flows | <input type="checkbox"/> |
| Ventilation Requirements | <input type="checkbox"/> | Heat Loss & Savings Calculations | <input type="checkbox"/> |
| Windows and Doors | <input type="checkbox"/> | Air Leakage Test (Blower Door) | <input type="checkbox"/> |
| Heating & Cooling Distribution (ductwork) | <input type="checkbox"/> | Insulation | <input type="checkbox"/> |
| Health & Safety (Combustion) | <input type="checkbox"/> | Written Audit Reports | <input type="checkbox"/> |

INSTRUCTOR EXPERIENCE (ATTACH ADDITIONAL SHEETS AS NECESSARY)

NAME

| | | | |
|---------|------|-------|-----|
| ADDRESS | CITY | STATE | ZIP |
|---------|------|-------|-----|

RELATED EDUCATION

YEARS EXPERIENCE AS HOME ENERGY AUDITOR

ATTACH THE FOLLOWING:

- Copy of training curriculum and description of training content
- Copy of written exam
- Description of field exam
- Provisions for continuing education units
- Business brochures (if applicable)
- Copies 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 |
|-----------|------|

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

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COMMENTS

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| MISSOURI CERTIFICATION NUMBER | DATE ASSIGNED |
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