**Application for Accreditation as an
Energy MasterCommercial Building Specialist**

Please refer to the Energy Master Commercial Building Specialist Applicant’s Guide before completing this Application Form.

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| **Applicants Name**  |  |
| **Company/Employer**  |  |
| **Postal Address**  |  |
| **Telephone Number(s)**  |  |
| **Email Address** |  |

**1. Indicate Accreditation type applying for:**

|  |  |  |
| --- | --- | --- |
| **Energy Master Accreditation**  | **Disciplines** | **Tick one** |
| Commercial Building Specialist | Both Lighting & HVAC |  |
| Commercial Building Specialist - Lighting | Lighting only |  |
| Commercial Building Specialist - HVAC | HVAC only |  |

**2. Report Topic**

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| --- |
| **Report topic discussed and agreed with CEP / Assessor:** |
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## 3. Qualifications

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| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Length of study (years)** | **Discipline** | **Education provider** | **Country** | **Year completed** |
| *eg. University of Waikato CAS Education Course* | *2 years* | *Mechanical* | *Wellington Polytechnic* | *New Zealand* | *1991* |
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## 4. Memberships / Registrations / Licenses

Include here any:

* Membership of Engineering NZ at Associate, Technical or Professional level, or
* Registration on a National Register of Current Competence, or
* Trade qualification.

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| --- | --- | --- | --- | --- |
| **Organisation** | **Class** | **Current** **Y/N** | **Registration number** | **Year gained** |
| *e.g. Engineering NZ* | *Professional Engineer* | *Y* | *12345* | *2019* |
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5**. Work History Summary**

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| --- | --- | --- | --- |
| **Organisation/ Employer** | **Position/Title** | **Dates (Month & Year)** | **Key activities, responsibilities, major achievements and details of projects undertaken** |
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## 6. Referees

Please provide the names of two referees:

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| --- | --- |
| **Referee Names** | **Referees Telephone (day) Number(s)**  |
| Referee 1  |  |  |
| Referee 2  |  |  |

The two referees need to be sufficiently familiar with the applicant’s work to provide comment on the applicant’s competence with regard to commercial building auditing.

Applicants must forward the *Referee Form* to the two nominated referees, along with a copy of the applicant’s completed *Competence Self Assessment Form*, for each referee to complete and then return directly to EMANZ.

# 7. Information for Accreditation Listing

A successful candidate for accreditation will have the details of their areas of expertise listed alongside their name and contact details on the Scheme website. Potential clients often want to engage auditors with particular experience or industrial machinery backgrounds. To assist the appropriate promotion of auditors please take this opportunity to update your details and provide the following information.

Please provide no more than 200 words to outline your Areas of Expertise and gives details of the following:

* ***Practice Field*** – if you are an Engineering NZ member or listed on a National Register of Current Competence, identify your defined practice field(s) (Electrical, Industrial, Mechanical).
* ***Practice Area*** – Include details on your practice area(s), eg. Industrial process energy auditing, lighting, HVAC etc, refrigeration engineering and installations.

|  |
| --- |
| **Areas of Expertise** |
| Enter your 200 words here |

|  |
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| **Work Areas** |
| Indicate here which geographical area of the country you are available to work in, eg. Lower North Island / National / South Island only. |

If you have other evidence of competence that you wish to have considered as part of your application please outline the details here and provide any supporting material with your application (or enter ‘none’).

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| **Other Evidence** |
|  |

# 6. Privacy

Any audits you send us will remain confidential and only be used in-house for the purpose of this assessment. Any hard copies will be returned to you at the end of the assessment.

# 7. Checklist

**Please ensure that you have enclosed the following with your application:**

|  |  |  |
| --- | --- | --- |
| **Application Requirements** | **Applicant Check** | **Administrator****Check** |
| Attended CEP Commercial Building Energy Specialist Course |  |  |
| Completed and passed Online CBES Exam (Pass rate required 70%) |  |  |
| Completed CBS Accreditation Application Form (this form) |  |  |
| Completed Competence Self Assessment Form |  |  |
| Included Competence Demonstrated Report (refer to the Commercial Building Specialist Applicant’s Guide) |  |  |
| Referees Form sent to two Referees (with a copy of the completed Competence Self Assessment Form) *NB: completed Referee Forms to be sent directly to CEP* |  |  |
| Other information that you wish to have considered  |  |  |

# 8. Processing Application

Please send your completed application to the address below or email to info@cep.org.nz

CEP

PO Box 11508

Manners Street

WELLINGTON 6142

An invoice will be issued to you and on receipt of payment the process will commence.

Enquiries about your reaccreditation should be directed to CEP by:

Phone: 04 385 2839 or email info@cep.org.nz

Website: [www.cep.org.nz](http://www.cep.org.nz)