

EUMB - EPMPD Quality Management System

CEA APPLICATION FORM (ANNEX B)

Doc Ref No.:	EUMB-EPMPD-CEA
Effective Date:	xx-xxxx-xx
Revision No.:	0
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CHECKLIST OF REQUIREMENTS FOR CHECKLIST FOR CEA APPLICANT

One (1) Copy of Prod One (1) Certified Trud Technology, Engined	ering and Mathematics (STEM); and	or Diploma for graduates of K-12 Ac	
Type of Application	New	Renewal	
	DOE CEA APPLIC	CATION FORM	
GENERAL INFORMA	TION		
Name	: Surname	First Name	Middle Name
Address TIN No. Contact number E-mail address Birth date Birthplace Highest Educational Attainment PRC ID No (if applica			
Work Experience/s			
Inclusive Dates (dd/mm/yyyy)	Position Title	Name of Cor	mpany
	(Continue on a separate	sheet if necessary)	

Seminar/Training Program Attended * (Please attached Certificate of Participation)

Title of Seminar/Training Programs (Write in full)	e Dates n/yyyy)	Number of Hours	Training Institution and Location (Write in full)

(Continue on a separate sheet if necessary)

Note: Attach Curriculum Vitae for each Energy Auditor



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Assurances:

By signing this application form and this set of assurances, I hereby acknowledge the following conditions of the Energy Utilization Management Bureau (EUMB)/Energy Efficiency and Conservation Program Management and Technology Promotion Division (EPMPD) and agree to abide by them if this application is accredited.

- 1. I agree to submit complete registration/certification requirement documents and to abide by the accreditation criteria for CEA.
- 2. I hereby authorized the EPMPD of DOE-EUMB to make direct inquiries to any person, firm, or organization named in the application to verify the information submitted herein.
- 3. I further agree that if we provide false or misleading information on our application form or otherwise fail to demonstrate that we have sufficient experience or qualifications to perform as CEA, the EPMPD has the right to suspend without prior notice my accreditation from the Registration.
- 4. I, the undersigned, hereby apply for the registration/certification with EUMB-EPMPD and certify that, to the best of my knowledge, the particulars given in this application and all accompanying documents/information are true and correct.

NAME	·
SIGNATURE	<u>:</u>
DATE	: