

EUMB - EPMPD Quality Management System

CEA APPLICATION FORM (ANNEX D)

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

One (1) Employer's cel One (1) College Diplon One (1) Certificate of T One (1) Certificate of A	pplication Letter or Online Applica rtification that would prove one (1) na and Transcript of Records (Cer rainings (Certified True Copy); ssessment taken (Certified True Copy as applicable (Certified True Copy ent	year experience in energy audit; rtified True Copy); Copy);		
Type of Application :	New	Renewal		
	CEA APPLICAT	TION FORM		
GENERAL INFORMATI	ION			
Name :	Surname	First Name	Middle Name	
Address TIN No. Contact number E-mail address Birth date Birthplace Highest Educational Attainment PRC ID No (if any)				
Work Experience/s				
Inclusive Dates (dd/mm/yyyy) Position Title		Name of Company		
	(Continue on a separate	sheet if necessary)		

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

Title of Seminar/Training Programs (Write in full)	Inclusive Dates (dd/mm/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 Auditors



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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	ŧ
SIGNATURE	:
DATE	: