

EUMB - EPMPD Quality Management System

CEM APPLICATION FORM (ANNEX E)

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Effective Date:	xx-xxxx-xx
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CHECKLIST FOR CERTIFIED ENERGY MANAGER APPLICANT

Copy of Diploma and Transcript of F of Endorsement letter from his/her nent; of Proof of Experience duly certified of Sworn statement of the applicant of payment for the Application Fee talized and/or refresher training from	Records; supervisor or other authorize rep by the human resource manager in discharging functions of Energ for Certification of One Thousand	nent head or similar office; y Manager (Annex F); and Pesos (₱1,000.00)
DOE CEM APPLICA	ATION FORM	
GENERAL INFO	RMATION	
		Middle Name
Position Title	Name of Co	mpany
	Copy of Diploma and Transcript of F of Endorsement letter from his/her nent; of Proof of Experience duly certified of Sworn statement of the applicant of payment for the Application Fee falized and/or refresher training from New DOE CEM APPLICA GENERAL INFO Surname	of Proof of Experience duly certified by the human resource manager of Sworn statement of the applicant in discharging functions of Energ of payment for the Application Fee for Certification of One Thousand alized and/or refresher training from Recognized Training Institution (In New Renewal Renewal DOE CEM APPLICATION FORM GENERAL INFORMATION Surname First Name



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Seminar/Training Program Attended *

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Title of Seminar/Training Programs (Write in full)	Inclusive Dates (dd/mm/yyyy)		Number of Hours	Conducted/Sponsored By (Write in full)

(Continue on a separate sheet if necessary)

(Continue on a separate sheet if necessary)

Reference/s (Provide three (3) non-relative persons.)

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 CEM.
- 2. I hereby authorized the EPMPD of DOE 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 CEM, 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 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	:		 	



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DATE	
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