



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF ENERGY  
**MISSOURI CERTIFIED HOME ENERGY AUDITOR APPLICATION**  
**(For Commercial Building Professional)**

FOR OFFICE USE ONLY	
DATE RECEIVED	
REVIEWER	

This application form is for **only** those individuals who meet **commercial building energy audit** requirements set by Missouri Department of Natural Resources.

**Contact Information**

FIRST NAME	MIDDLE INITIAL OR NAME	LAST NAME	
ADDRESS		CITY	
COUNTY	STATE	ZIP	TELEPHONE NUMBER
EMAIL ADDRESS			
MISSOURI PROFESSIONAL ENGINEER LICENSE NUMBER			

Please provide a brief description of building energy efficiency experience including years and exemplary projects

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**EXISTING CERTIFICATION VERIFICATION**

Certificate issuing entity	<input type="checkbox"/> ASHRAE <input type="checkbox"/> Association of Energy Engineers (AEE) <input type="checkbox"/> Building Commissioning Association (BCxA) <input type="checkbox"/> National Environmental Balancing Bureau (NEBB)
Certificate type	<input type="checkbox"/> Building Energy Assessment Professional (BEAP) <input type="checkbox"/> Building Commissioning Professional (BCxP) <input type="checkbox"/> Certified Energy Auditor (CEA) <input type="checkbox"/> Certified Building Commissioning Professional (CBCP) <input type="checkbox"/> Certified Commissioning Professional (CCP) <input type="checkbox"/> Commissioning Process Professional (CxPP)
CERTIFICATION NUMBER	CERTIFICATION EXPIRATION DATE

**Attach Copy of Certificate (Use "\*" only if explained elsewhere.)**

Attach the following to application:  
 Business brochures (if applicable)  
 Copy 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.

<b>SIGNATURE</b>	<b>DATE</b>

**MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:**

MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 DIVISION OF ENERGY  
 P.O. BOX 176  
 JEFFERSON CITY, MO 65102-0176

**FOR OFFICE USE ONLY**

**COMMENTS**

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<b>MISSOURI CERTIFICATION NUMBER</b>	<b>DATE ASSIGNED</b>