



MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENERGY

**MISSOURI CERTIFIED HOME ENERGY AUDITOR APPLICATION –
TRAINING INSTITUTE**

FOR OFFICE USE ONLY

DATE RECEIVED

REVIEWER

This form is for institutions or entities only that offer a home energy auditor training program and would like to have the **program** certified as meeting the Department of Natural resources division of energy Development criteria. Once the program receives certification, graduates would be eligible for full certification by applying to the Department of Natural resources division of energy.

CONTACT INFORMATION

INSTITUTION			
FIRST NAME	MIDDLE INITIAL OR NAME	LAST NAME	
ADDRESS		CITY	
COUNTY	STATE	ZIP CODE	TELEPHONE NUMBER WITH AREA CODE
EMAIL ADDRESS			

TRAINING INFORMATION/LOCATION

NAME OF TRAINING PROGRAM			
ADDRESS		CITY	STATE
			ZIP
LENGTH OF TRAINING COURSE	HOW MANY YEARS HAS COURSE BEEN OFFERED	FREQUENCY OF TRAINING CLASSES	
DATES OF NEXT SCHEDULED COURSES			
STATE CHARTER NUMBER			

CHECK WHETHER THE STUDENTS ARE TRAINED ON AND USE THE FOLLOWING EQUIPMENT ITEMS:

BLOWER DOOR	<input type="checkbox"/>	COMBUSTION ANALYZER	<input type="checkbox"/>
DUCT PRESSURIZATION DEVICE	<input type="checkbox"/>	PRESSURE PAN	<input type="checkbox"/>
DIGITAL CARBON MONOXIDE ANALYZER	<input type="checkbox"/>	DIGITAL THERMOMETER	<input type="checkbox"/>
GAS LEAK DETECTION DEVICE	<input type="checkbox"/>	DIAGNOSTIC SMOKE	<input type="checkbox"/>

CHECK WHICH OF THE FOLLOWING SUBJECT AREAS ARE INCLUDED IN THE TRAINING (SEE PROGRAM GUIDANCE FOR MORE COMPLETE DESCRIPTION OF SUBJECT AREAS)

ENERGY AUDITS	<input type="checkbox"/>	BUILDING ENVELOPE	<input type="checkbox"/>
BUILDING SCIENCE	<input type="checkbox"/>	HEAT FLOW PRINCIPLES	<input type="checkbox"/>
CONDUCTION	<input type="checkbox"/>	CONVECTION	<input type="checkbox"/>
RADIATION	<input type="checkbox"/>	QUANTIFYING BUILDING ENERGY FLOWS	<input type="checkbox"/>
VENTILATION REQUIREMENTS	<input type="checkbox"/>	HEAT LOSS AND SAVINGS CALCULATIONS	<input type="checkbox"/>
WINDOWS AND DOORS	<input type="checkbox"/>	AIR LEAKAGE TEST (BLOWER DOOR)	<input type="checkbox"/>
HEATING AND COOLING DISTRIBUTION (DUCTWORK)	<input type="checkbox"/>	INSULATION	<input type="checkbox"/>
HEALTH AND SAFETY (COMBUSTION)	<input type="checkbox"/>	WRITTEN AUDIT REPORTS	<input type="checkbox"/>

INSTRUCTOR EXPERIENCE (ATTACH ADDITIONAL SHEETS AS NECESSARY)

NAME			
ADDRESS	CITY	STATE	ZIP

RELATED EDUCATION

YEARS EXPERIENCE AS HOME ENERGY AUDITOR

- ATTACH THE FOLLOWING:**
- Copy of training curriculum and description of training content
 - Copy of written exam
 - Description of field exam
 - Provisions for continuing education units
 - Business Brochures (If applicable)
 - Website address of business (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.

SIGNATURE	DATE
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MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO:
MISSOURI DEPARTMENT OF NATURAL RESOURCES
DIVISION OF ENERGY
P.O. BOX 176
JEFFERSON CITY, MO 65102-0176
WEB: energy.mo.gov
EMAIL: energy@dnr.mo.gov
TELEPHONE: 855-522-2796

FOR OFFICE USE ONLY

COMMENTS

MISSOURI CERTIFICATION NUMBER	DATE ASSIGNED
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