**YOUR CITY LOGO, CONTACT INFO ETC**

**THIRD PARTY ENERGY PERFORMANCE TESTER REGISTRATION FORM**

To register as an Independent Third-Party Energy Performance Tester please complete and present this form in person with valid photo identification.

**TECHNICIAN INFORMATION**

Name:

Driver’s Lic. No. State:

Address (No P.O. Box):

Phone Number: ( )

City:

State: Zip Code: Email Address:

**BUSINESS OR COMPANY INFORMATION (IF ANY INFORMATION IS DIFFERENT)**

Company’s Name:

Phone Number: ( )

Business Address (No P.O. Box):

Fax Number: ( )

City:

State: Zip Code: Email Address:

**PROVIDER INFORMATION**

**(IF TECHNICIAN IS, OR WORKS UNDER SUPERVISION OF HERS RATER OR PROVIDER)**

Name:

Business Address (No P.O. Box):

Phone Number: ( )

Fax Number: ( )

City:

State: Zip Code: Email Address:

Signature:

**Check one as**

**CERTIFICATION**

**Appropriate Type of Certification Certificate Number**

Home Energy Rating System/Certified Home Energy Rater

Home Energy Rating System/Certified Field Inspector

Building Performance Institute/Certified Building Analyst

Other / as approved by the Building Official

**ACKNOWLEDGEMENT**

I am trained and certified to perform leakage testing for residential energy efficiency. I attest that I am not affiliated with a builder or construction company and that I perform diagnostic testing (blower door, duct blaster) as an independent third-party agent. I understand that the City of **YOUR CITY** will confirm my status as a rater through my provider.

I acknowledge that the City requires only leakage testing for new residences. I understand there is no requirement to rate the entire structure but only to perform the duct blaster and/or blower door tests as applicable for the energy code compliance method used. Results shall be provided with volume calculations, targets, and actual performance.

Signature:

Date:

**FOR OFFICE USE ONLY**

Energy Testing Technician’s Registration No. :

Expiration Date:

**FOR OFFICE USE ONLY SECTION IF NEEDED**