**EXAM SITE: New Delhi, India DATE:** 27-29 August 2020



## DETAILED APPLICATION FOR Certified Measurement & Verification Professional (CMVP®)

## A Certification by the ASSOCIATION OF ENERGY ENGINEERS® in conjunction with EFFICIENCY VALUATION ORGANIZATION's training

The following information is to be filled out as completely as possible. It is important that the CMVP Board have substantiating data for each criteria indicated in the application. Please type clearly or print data except where signature is required.

E-mail the application in word file to: [Bhairav@aeee.in]

Personal Data (Complete	e in Full – Please P	rint or Type)	
Prefix: $\square$ Mr. $\square$ Mrs. $\square$ Ms. $\square$	Dr. Last (Family) Nam	e:	
First (Given) Name:		Middle Initia	l:
Name as printed on the certification	ate:		
Company position:			
Company:			
Company Address:			
City:	State:	Country:	Postal Code:
Tel:		Fax:	
Residence (Permanent) Addres	ss:		
City:	_ Country:	Po	stal Code:
Tel:		_ E-mail:	
Address for Correspondence:	☐ Company	Residence	
Your Qualifying Status is:			
☐ Have Bachelor's degree from business, law, finance or relate management, or measurement	d field and 3 years of ve	, ,	
☐ Registered Professional Engenergy or building or facility ma	, , ,	` '	years of verified experience in

☐ Have 4-year non-techniques of verified experience	_		_	field not specified above a urement and verification;	nd 5
☐ Have 2-year technical or measurement and verification	-	of verified expe	rience in energy or b	uilding or facility managem	ent,
☐ Have 10 years of verification	ed experience in en	nergy or building	or facility manageme	ent, or measurement and	
☐ Have a current status o	f Certified Energy I	Manager® (CEM	®) given by AEE		
DIVISION I – EDUCA	TION				
List in chronological order research work and other a			ege or university atte	nded; also list graduate an	ıd
Name & Location of Institution	Years and Dates From - To	Date Graduated	Degree Received	Field in Which Degree Was Issued	
DIVISION II – PROFE	SSIONAL REG	SISTRATION(	S)		
A. Professional Engineer			☐ Yes	$\square$ No	
B. Architect			☐ Yes	$\square$ No	
C. Certified Energy Mana	ger (CEM®) given b	by AEE	☐ Yes CEM No.	No	
If registered, please comp	lete the following:				
Country/State	Registration	on No.	Date	Now in Force	
				☐ Yes ☐ N	lo
				☐ Yes ☐ N	lo
				☐ Yes ☐ N	lo
				☐ Yes ☐ N	lo
Has any country/state rev	oked or suspended	l your registration	n? ☐ Yes	□ No	

If yes, please explain:	

## **DIVISION III – EXPERIENCE RECORD**

Please complete the following in chronological order. Include a description of energy or building or facility or measurement & verification job functions held in for each employment period. This form may be duplicated if additional space is needed.

Date	Employer	Concise Statement of Employment Experience
(YYYY/MM/DD)	Name & Address	Please Give Energy-Related Job Functions
From:		
То:		
Title	e or Position	_
Date	Employer	Concise Statement of Employment Experience
(YYYY/MM/DD)	Name & Address	Please Give Energy-Related Job Functions
From:		
To:		
Tial	Danitian	
ı iti	e or Position	

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Date	Employer	Concise Statement of Employment Experience
(YYYY/MM/DD)	Name & Address	Please Give Energy-Related Job Functions
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To:		
T:41	a ar Daaitian	
1111	e or Position	
	_	
Date	Employer	Concise Statement of Employment Evnerience
	Employer	Concise Statement of Employment Experience
(YYYY/MM/DD)	Name & Address	Please Give Energy-Related Job Functions
,		
(YYYY/MM/DD) From:		
,		
From:		
,		
From:		
From:		
From: To:	Name & Address	
From: To:		
From: To:	Name & Address	

## **OBLIGATION / GENERAL DATA PROTECTION REGULATION (GDPR)**

the CMVP examinatio harmless the Efficience	(Print Name), having completed the above to the best of my y for AEE Certified Measurement & Verification Professional designation and wish to take n. I certify that the information I have provided is correct and agree to indemnify and hold y Valuation Organization (EVO®) and the Association of Energy Engineers (AEE), their cation Board, and those affiliated with EVO and AEE and their programs.
be sent to relevant p	s application is being collected for the sole purpose of certification with AEE. This data will arties involved in the certification process, including the training partner(s) and the local s data will be processed outside of the EU. If you do not agree to this, please do not submit
individual's certification	rovide on its website a list of all personnel holding AEE certifications. This list contains the n number, name, employer, city, country, and date of expired certification. If you do not ent, please do not submit this application.
managing free  • An AEE accou	ease Circle One): I agree that AEE may use my data in association with processing and a AEE Membership promotions.  Unit will be created for you based on the above information. If you would like to subscribe to ling emails, please access your account to opt in.
Signature:	Date:
	ame is written correctly and that you've clearly stated your Given and Family name. In case stake and you want a new certificate to be issued, you'll be charged a fee of US\$20 payable
Certification Board (Do not complete)	The CMVP Board, acting at its regular meeting on20 has ☐ approved ☐ disapproved this application as presented for certification classification.
	Secretary, CMVP Board Date