



APPLICATION

**Building Commissioning Certification Board
1400 SW 5th Ave, Suite 700
Portland, OR 97201**

**Phone: 1 (877) 666-2292
Fax: (503) 227-8954**

**E-mail: certification@bcxa.org
Web Site: www.bcxa.org**

APPLICATION INSTRUCTIONS

- **Download the application, fill it out, and submit it by email to certification@bcxa.org. Appendix B may be faxed or mailed to the BCCB.**
- The name you enter on the application will be the way your name will appear on your admission-to-test notice. ***Your name must match the name on the government-issued picture identification that you must present at the test center in order to be admitted to take the certification examination.***
- The address you enter should be the address to which you want your admission-to-test notice and your certificate sent. This may be either your personal address or your business address.
- Your personal information, such as date of birth, gender, and ethnicity are used by the Building Commissioning Certification Board (BCCB) only for record tracking and/or for statistical purposes. Your answers will not affect your eligibility. All information you provide on this application will be kept strictly confidential.
- You must complete this application form in its entirety and ensure that all required supporting documentation is submitted. Missing information or documentation may cause your application to be rejected or returned.
- The BCCB must receive your application, along with all supporting documentation, by the deadline specified for the test administration for which you are registering. If your completed application is received after the deadline, it will not be processed and will be returned to you.

I. APPLICATION STATUS

Date of application: _____

Please check one of the two statements below.

___ This is my first application for the Certified Commissioning Professional™ (CCP™) credential.

___ I have previously applied for the CCP™ credential.

Date of your last application (mm/yyyy) _____

Reason you are reapplying:

___ I submitted an incomplete application or did not pay the full application fee.

___ The BCCB determined I was ineligible when it reviewed my application.

Explain briefly why you feel you will now be found eligible for certification:

___ I did not pass the certification examination.

Date I last took the certification examination (mm/yyyy) _____

*If the examination date for which you are registering is **within** 24 months of the date on which the BCCB received your prior full application, you do not need to complete this form in its entirety. Simply fill in any information that may have changed since your last application, such as a new employer. You do not have to resubmit client references, project documentation, or academic transcripts. However, you must sign the applicant affirmations in section XII of this application and pay the full fee, as specified in section XIII.*

*If the examination date for which you are registering is **more than** 24 months from the date on which the BCCB received your prior application, you must complete this application in its entirety, submit all required supporting documentation, and pay the full application fee.*

II. SELF-DETERMINATION OF ELIGIBILITY

Before completing the rest of this application, please answer the questions in this section, which are designed to assist you with determining whether you meet the minimum education and experience requirements to be eligible for certification. If you do not meet the minimum requirements, please do not submit an application at this time.

*This section is included for the sole purpose of helping you to make a reasonable determination of whether you should proceed with this application. You are not guaranteed admission to candidacy solely on the basis of your answers to the questions in this section. The BCCB will evaluate your entire application and make a final determination of your eligibility. **The decision of the BCCB will be final.***

Please complete Parts A, B, and C below to find out if you meet the education and experience requirements of the CCPTM Program.

Part A. General Qualifying Criteria

1. Do you have at least three (3) years of experience as a commissioning provider in a lead role OR do you have two (2) years of experience and a certificate of attendance at an approved training course? Yes No
 Yes No
2. Have you been **continuously** employed as a commissioning provider in a lead role for a period of at least three (3) full years during the past five (5) years?
 Yes No
3. Do you have a high school diploma, GED, or higher academic degree? Yes No

If you answered “no” to any of these questions, you are not currently eligible for certification. Please do not submit an application at this time.

If you answered “yes” to all three questions, continue with Part B.

Part B. Educational Level and Experience

Refer to the table below and find the amount of commissioning provider experience and total building-related experience you must have, based on the highest educational degree you have attained. Check the space to the right, to indicate if you meet the minimum experience requirements (commissioning experience plus total building-related experience).

Highest Degree Attained	Commissioning Provider/Lead Role Experience Needed ⁽³⁾	Total Building-Related Experience Needed ⁽¹⁾	Do You Have the Required Experience for Your Degree?
Four-year undergraduate or graduate degree in a building sciences field ²	3 full years	3 full years	___ Yes ___ No
Four-year undergraduate degree or graduate degree in a non-building sciences field ² or Two-year undergraduate degree in a building sciences field ² or Technical school degree (building-related) ² or Completion of apprenticeship program (building-related) ²	3 full years	5 full years	___ Yes ___ No
Two-year undergraduate degree in a non-building sciences field ²	3 full years	7 full years	___ Yes ___ No
High school diploma or GED	3 full years	12 full years	___ Yes ___ No

- 1 Building-related experience includes your experience as a commissioning provider as well as other related experience, such as serving as a project engineer, building operations supervisor, contractor, etc.
- 2 Acceptable fields of study in building science include mechanical engineering, electrical engineering, construction science, construction management, architecture, and other majors/fields of study designed to train people for careers in the building industry.
- 3 Commissioning Provider/Lead Role Experience is gained by working on qualified projects as defined in Part C on page five of this application.

If you do not have the required minimum experience for your degree level, as shown in the table, you are not currently eligible for certification. Please do not submit an application.

If you satisfy the experience requirements for your degree, continue with Part C.

Part C. Commissioning Project Experience

1. Have you **either**

- a. completed—as the lead commissioning provider, involved from project design through end of construction—**three or more qualifying³** commissioning projects for new construction or major renovations of buildings with a cumulative total of at least 150,000 square feet and having a construction value of at least \$30 million? Yes No

or

- b. completed—as the lead commissioning provider involved from project design through end of construction—**two or more qualifying³** commissioning projects for new construction or major renovations of buildings totaling at least 100,000 square feet and having a construction value of at least \$15 million dollars, **and** also completed the commissioning training program offered by either the Building Commissioning Association or the University of Wisconsin–Madison? Yes No

If you answered “yes” to either a or b (or both), and also have the qualifications outlined in Parts A and B, you meet the educational and experience requirements of the CCP™ Program. Please complete the remainder of this application.

If you answered “no” both to a and b, you are not currently eligible for certification. Please do not submit an application at this time.

³Qualifying Commissioning Projects:

Defined as a project where the applicant has actively and substantially participated in the Essential Work Scope items for each project. Projects where the applicant has not participated at this mandatory level should not be submitted, subject to the rules for “combined projects” indicated below.

Essential Work Scope Items:

- Construction document level review done *prior* to completion of the issuance of construction documents.
- Commissioning specification development
- Installation verification document development
- Functional performance test document development
- Final commissioning plan development
- Equipment installation verification on site
- Functional performance testing on site
- Final commissioning report development

Combining Projects: Sometimes smaller projects don’t contain all eight essential work scope items. Because of this, the applicant may choose to combine two (and no more than two) separate projects for any one single qualifying project. When combined, these two separate projects must include all eight essential work scope

items. In addition, a separate project reference is required for each of the smaller projects for the portion of work scope items claimed on the application.

III GENERAL APPLICANT INFORMATION

Name: _____
(Last, First, Middle)

Gender (optional): ___ M ___ F

Ethnicity (optional): ___ African American ___ Asian American
 ___ Caucasian, not Hispanic ___ Hispanic American
 ___ Native American/American Indian ___ Other

Address: _____

Daytime telephone number: (____) ____-____ **Fax number:** (____) ____-____

E-mail address: _____

This contact information is for my ___ home ___ business.

Name you would like printed on your CCPTM certificate (if different from name given above)

IV. EMPLOYMENT HISTORY

Starting with your current employer, document your work history. To determine the number of years of work history you must provide, refer to the chart on page 4 of this application. You must provide a work history to cover the minimum number of years of total building-related work experience you need for your particular academic degree level. However, all applicants, regardless of their academic degree level, must provide at least a five-year history. If you have been self-employed during any period of your provided employment history, please so indicate.

To help you determine how much employment history you need to document, consider the following examples:

1. You have a two-year undergraduate degree in a non-building-related field. As the chart on page 4 shows, you must have seven full years of building-related experience to be eligible for certification. Therefore, you must provide a seven-year employment history.
2. You have a two-year undergraduate degree in a building-related field. You must have five full years of building-related experience and must therefore provide a five-year employment history.
3. You have a four-year undergraduate degree in a building-related field. You must have three years of building-related experience. However, you must provide a five-year employment history.

A. Current Employer: _____

Address: Same as general information

Telephone number: (____) ____-____

Fax number: (____) ____-____

E-mail: _____

Principal business of company: _____

Position/title: _____

Employed at company since (mm/yyyy): _____

Have held current position/title since (mm/yyyy): _____

Supervisor's name and title: _____

Are you self-employed? ___ No ___ Yes

B. Previous Employer: _____

Address: _____

Telephone number: (____) ____-____

Fax number: (____) ____-____

Principal business of company: _____

Last position/title held: _____

Employed at company from (mm/yyyy): _____ **to (mm/yyyy):** _____

Supervisor's name and title: _____

Were you self-employed? No Yes

C. Next Previous Employer: _____

Address: _____

Telephone number: (____) ____ - ____ **Fax number:** (____) ____ - ____

Principal business of company: _____

Last position/title held: _____

Employed at company from (mm/yyyy): _____ **to (mm/yyyy):** _____

Supervisor's name and title: _____

Were you self-employed? No Yes

If necessary, please attach additional sheets for earlier work history and provide information in the same format as above.

V. EDUCATION

List all institutions of higher learning you attended, even if you did not receive a degree. List the last school attended first. Do **not** include other types of training—such as seminars, continuing education, or certificate programs—in this section.

School	Location (City/State)	Major/Field of Study	Years Attended	Building Related Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have the institution from which you received the highest degree listed send a transcript. The transcript must be an original copy with the school's stamp or seal. A photocopy is not acceptable. The BCCB will review your transcript only for the purpose of verifying that you earned the degree claimed. Note: The school must send the transcript directly to the BCCB. Transcripts mailed by applicants will not be accepted.

VI. ALTERNATIVE EDUCATIONAL EXPERIENCE

List other types of training—such as seminars, continuing education, or certificate programs—in this section.

Educational Provider	Location (City/State)	Program Description	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please attach documentation that demonstrates successful completion of the above program(s). The BCCB will review your documentation only for the purpose of verifying that you attended the program claimed.

VII. PROFESSIONAL CREDENTIALS

List all professional credentials you earned that are relevant to your professional work in building commissioning. Include licenses, certifications, accreditations, and other programs for which you were awarded a credential.

Designation	Awarding Jurisdiction, Agency, Association, or Organization	Year Awarded	Currently Hold the Credential?	
			Y	N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N
_____	_____	_____	__ Y	__ N

VIII. OTHER TRAINING

List other training programs, courses, or seminars you took that are relevant to your work in building commissioning. Such training may be given in a classroom or at a meeting, be available online, or offered in a self-study format. Attach additional sheets, if necessary.

1. Name of training program or course: _____

Organization providing the training: _____

Date/Location of training program or course: _____

Describe briefly the training content: _____

Approximate number of training hours: _____

Was a final examination given? Yes No

Was a certificate awarded? Yes No

If certificate was awarded, please attach a copy to this application

2. Name of training program or course: _____

Organization providing the training: _____

Date/Location of training program or course: _____

Describe briefly the training content: _____

Approximate number of training hours: _____

Was a final examination given? Yes No

Was a certificate awarded? Yes No

If certificate was awarded, please attach a copy to this application

IX. PROFESSIONAL MEMBERSHIPS

List professional associations, trade associations, and other organizations in which you currently hold membership and which are relevant to your work in building commissioning. Do **not** include organizations with which you are no longer affiliated. Indicate if you have served as an officer in an organization or served on one or more committees.

Organization	Member since	Held office?	Committee(s)
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____
_____	_____	__ Y __ N	_____

X. BUILDING COMMISSIONING AND RELATED EXPERIENCE

Tell us about your commissioning-related professional experience.

- A.** Years of practice as a commissioning provider in a lead project role. (Do not round up. For example, if you have worked 3 years and 11 months as a commissioning provider, answer “3.”)

3 6–7
 4 8–9
 5 10 or more

- B.** Number of buildings commissioned

2 4–6 10 or more
 3 7–9

- C.** Types of commissioning projects completed (Check all that apply.)

Large scale New building commissioning
 Public sector Major building renovation
 Private sector Retro-commissioning
 Other (specify) _____

- D.** Technical specialty area(s) (Check all that apply.)

Design Building envelope
 Mechanical systems Information systems
 Electrical Fire and life safety
 HVAC Security systems
 Energy conservation A/V systems
 Other (specify) _____

- E.** Work experience prior to working as a commissioning professional (Check all that apply.)

Design engineer Heating and air conditioning engineer
 Construction engineer Facility manager
 Mechanical engineer Maintenance supervisor
 Electrical engineer Building operations
 Other (specify) _____

XI. PROJECT EXPERIENCE

Select at least three projects for new construction or major renovations on which you served as the lead commissioning provider from project design through end of construction. The buildings, considered together, must total at least 150,000 square feet in size and have a total construction value of at least \$30 million. If necessary, you may add additional projects to meet the square footage and dollar value minimums.

If you have completed the training program in commissioning offered either by the Building Commissioning Association or the University of Wisconsin–Madison, your training can be substituted for one project. In this case, you must select two projects (new construction or major renovations) on which you served as the lead commissioning provider from project design through construction. The buildings, considered together, must total at least 100,000 square feet in size and have a total construction value of at least \$15 million. If necessary, you may add additional projects to meet the square footage and dollar value minimums.

Involvement at project design is defined as providing some level of document review and providing the commissioning specification section for the project. Project experience is not limited to the three (or two) minimum qualifying projects. The applicant can use as many qualifying projects as needed to meet the square footage and construction value criterion.

*Fill out a **Project Experience Form** (Appendix A) for each of your qualifying commissioning projects. Enclose all Project Experience Forms with your application.*

XII. CLIENT REFERENCES

*Obtain a client reference for **each** of the qualifying projects you selected in section X (Project Experience). If you worked on more than one qualifying project for the same client, you should obtain a separate reference from a different person for each project.*

*The individuals you designate as references should be familiar with your work and be able to comment on your performance and contributions to the project. Each reference must complete a **Client Reference Form** (Appendix B) and return it to the BCCB before the deadline specified for receipt of your application. You must attach a copy of Appendix A to Appendix B and send it to your reference who will verify the information provided on Appendix A. Your references must submit this copy Appendix A to the BCCB directly. Please enter your name and the application deadline date on the top line of the form before giving it to your references.*

You are responsible for distributing the forms to your references and ensuring that they are received by the BCCB before the application deadline. Please check with your references or with the BCCB to verify that the forms have been submitted.

XIII. AFFIRMATIONS OF APPLICANT

Read each of the following statements carefully. By signing and dating below, you are affirming that each statement is true. **If you cannot truthfully attest to all of the statements, you are not eligible to be certified.** Please note that, should the BCCB determine that you have falsified any attestation, your application may be rejected, your examination scores may be canceled, and/or your certification may be revoked.

- A. I affirm that I have been actively employed as a building commissioning professional for a period of thirty-six (36) continuous months during the past five (5) years.
- B. I certify that the information provided in this application is true, accurate, and verifiable to the best of my knowledge. Further, I agree to notify BCCB of any material change in the information provided in this application or of the occurrence of any event or development bearing upon my eligibility for certification, including, but not limited to any criminal conviction or disciplinary action by a licensing board or professional organization.
- C. I certify that I have not been convicted by any court, licensing board, or registration board of violating the law in conjunction with the performance of my professional work.
- D. I understand that, once the BCCB processes this application, the fee for this certification program is non-refundable.
- E. I understand that I have two (2) years from the date the BCCB receives my application to fulfill all certification requirements, including passing the examination.
- F. I understand that BCCB certification is valid for a period of three (3) years. Should I be granted certification, I understand that if I seek recertification, it is my responsibility to demonstrate evidence of my continued competence in the field of building commissioning.
- G. I understand that BCCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my *CCPTM* certification, or other disciplinary action. I authorize BCA, BCCB and their officers, directors, employees, agents, and assigned examiners to review my application to determine whether I have met BCCB's standards for certification.
- H. I understand and agree that BCCB reserves the right to use my examination score and certain data from my application to prepare summary statistical analyses, some of which may be published. BCCB will endeavor to ensure that individual data is not made public.
- I. I indemnify and hold harmless BCA, BCCB and their officers, directors, employees, agents, and assigned examiners from the decision made on my application as long as such decision was made in good faith and does not constitute gross negligence by BCA, BCCB or their officers, directors, employees, agents and/or assigned examiners.
- J. I acknowledge that I have read this application and BCCB's certification standards, and I understand that it will be my responsibility to remain in compliance with all of BCCB's certification standards.

Signature _____ Date _____

XIV. APPLICATION FEE

The following application fees are in effect:

<i>Applicants who are current members of the Building Commissioning Association</i>	<i>\$350.00</i>
<i>All other applicants</i>	<i>\$550.00</i>
<i>Exam Fee:</i>	<i>\$150.00</i>
<i>(Exam fee will be refunded if you do not qualify to sit for the exam.)</i>	

The BCCB must receive your fee in full (including exam fee) before your application is processed. We accept money orders, cashier's checks, checks drawn on a company account, personal checks, and credit card payments. We do **not** accept cash.

If you are paying by check or money order, please enclose it with this application. If you wish to pay by credit card, please enter the information below.

Card to be charged Visa MasterCard

Your name exactly as it appears on your credit card _____

Card Number _____ Expires (mm/yyyy) _____

Signature of cardholder _____ Date _____

Your signature authorizes the BCCB to charge the application fee to your credit card.

XV. SUBMISSION CHECKLIST

Use this checklist before sending your application to verify that you have completed the required steps and are submitting all required documentation.

- Completed all sections of the application form
- Requested a transcript from the school from which you received your highest degree.
- Included a project experience form for each of your qualifying projects
- Requested a client reference for each of your qualifying projects including a copy of Appendix A
- Signed the applicant affirmations
- Included payment or filled out the information for payment by credit card

**APPENDIX A
PROJECT EXPERIENCE FORM**

Applicant: Attach a completed copy of this appendix and any supporting project related documentation to the associated Client Reference Form (Appendix B) prior to sending to client reference.

Your name: _____

Project/building: _____

City: _____ **State/Country:** _____

Project type: ___ new construction ___ major renovations

This project was undertaken in the: ___ private ___ public ___ government sector.

Client: _____

Client Status: ___ owner ___ architect ___ design engineer ___ construction manager
___ contractor ___ other _____

Size of building (square feet): _____ **Construction value: \$** _____

Were you involved from project design through construction? ___ Yes ___ No

Project duration:

Start/End of Design: (mm/yyyy) _____ to (mm/yyyy) _____ Total Months: _____
Start/End of Construction: (mm/yyyy) _____ to (mm/yyyy) _____ Total Months: _____
Start/End of CA's Involvement: (mm/yyyy) _____ to (mm/yyyy) _____ **Total Months:** _____

Were you the lead commissioning provider on this project? ___ Yes ___ No

Your employer at the time of this project: _____

Your title at the time of this project: _____

What type of facility was commissioned? (Check all that apply.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Office | <input type="checkbox"/> K-12 Education | <input type="checkbox"/> Correctional/Prison |
| <input type="checkbox"/> Health Care/Hospital | <input type="checkbox"/> College/University | <input type="checkbox"/> Industrial/Plant |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Residential | <input type="checkbox"/> Clean Room |
| <input type="checkbox"/> Conference/Exhibition | <input type="checkbox"/> Theater/Studio | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Stadium | <input type="checkbox"/> Restaurant | <input type="checkbox"/> State |
| <input type="checkbox"/> Military | <input type="checkbox"/> Federal | <input type="checkbox"/> Other (specify below) |

“Other” Facility Description: _____

What systems were included in the commissioning scope for this project? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Building Envelope | <input type="checkbox"/> Fire Suppression | <input type="checkbox"/> Security systems |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Clean Room | <input type="checkbox"/> A/V systems |
| <input type="checkbox"/> Windows | <input type="checkbox"/> All Electrical Systems | <input type="checkbox"/> Day Lighting |
| <input type="checkbox"/> Interior Architectural | <input type="checkbox"/> Power Distribution | <input type="checkbox"/> Lighting & Control |
| <input type="checkbox"/> All Mechanical Systems | <input type="checkbox"/> Emergency Power | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> HVAC & Controls | <input type="checkbox"/> Fire and Life Safety | |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Information systems | |

“Other” System Description: _____

With which of the following did you interact on this project? (Check all that apply.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> General contractor | <input type="checkbox"/> Building/plant manager |
| <input type="checkbox"/> Design architect/team | <input type="checkbox"/> Subcontractors | <input type="checkbox"/> Operation/maintenance staff |
| <input type="checkbox"/> Construction manager | <input type="checkbox"/> Suppliers/manufacturers | <input type="checkbox"/> Other (specify) _____ |

With which of the following were you involved during this project? (Check all that apply.)

Essential Work Scope*	Additional Work Scope
<input type="checkbox"/> I performed a document level review, which was completed prior to the issuance of construction documents	<input type="checkbox"/> I developed or reviewed Owner Project Requirements document
<input type="checkbox"/> I prepared the commissioning specifications prior to project bidding	<input type="checkbox"/> I reviewed the design development documents
<input type="checkbox"/> I prepared the final commissioning plan	<input type="checkbox"/> I prepared a preliminary commissioning plan
<input type="checkbox"/> I prepared functional performance test documents	<input type="checkbox"/> I verified contractor start-up test results
<input type="checkbox"/> I verified equipment installation and prepared the appropriate documentation	<input type="checkbox"/> I reviewed TAB report and/or verified balancing data
<input type="checkbox"/> I witnessed and/or performed functional performance tests	<input type="checkbox"/> I reviewed as-built documents
<input type="checkbox"/> I prepared the final Commissioning Report	<input type="checkbox"/> I reviewed the maintenance/operation manuals
	<input type="checkbox"/> I verified the training of operation/maintenance staff
	<input type="checkbox"/> I performed end-of-warranty testing
	<input type="checkbox"/> I assisted building staff with issues/problems
	<input type="checkbox"/> I led team meetings during the project

* The applicant must have participated in the Essential Work Scope items listed. If the applicant

**APPENDIX B
CLIENT REFERENCE FORM**

Applicant: Please fill out the top line and any additional information (i.e., project name, reference name) before giving this form to your client reference. Attach a copy of associated Project Experience Form (Appendix A).

Name of applicant: _____ **Date due at the BCCB:** _____

Project/Building: _____

Reference: The person named above is applying to the Building Commissioning Certification Board (BCCB) to be credentialed as a Certified Commissioning Professional™. Certification is a rigorous process involving review of the applicant's education, experience, and recommendations from clients, as well as satisfactory performance on a national certification examination. The information you provide on this reference form will help the BCCB to evaluate this applicant's eligibility for certification. It will be kept strictly confidential. Please mail or fax the form directly to the BCCB. Do not return it to the applicant. It must arrive by the deadline shown on the top line in order for the applicant to be considered for certification.

Your name: _____

Your title: _____ **Telephone Number:** _____

Company/Organization: _____

Address: _____

Dates of the commissioning project: from (mm/yyyy) _____ to (mm/yyyy) _____

What were the applicant's responsibilities?

The applicant's overall performance was:

Excellent Good Adequate Inadequate

What strengths and skills stood out in the applicant's work?

What problems or deficiencies did you find in the applicant's work?

Please indicate which of the Work Scope items listed below the applicant performed for this project and provide an assessment of the applicant's performance on that item.

Work Scope	Performed?		Were your expectations...		
	Yes	No	Exceeded	Met	Not Met
Applicant performed a document level review, which was completed prior to the issuance of construction documents					
Applicant prepared the commissioning specifications prior to project bidding					
Applicant prepared the final commissioning plan					
Applicant prepared functional performance test documents					
Applicant verified equipment installation and prepared the appropriate documentation					
Applicant developed and/or performed functional performance tests					
Applicant reviewed the maintenance/operation manuals					
Applicant prepared the final commissioning report					

I have reviewed the Appendix A – Project Reference Form provided by the applicant and confirm that the information is correct. Yes No

Do you recommend the applicant for certification by the BCCB? Yes No

If no, why not? _____

Signature of reference: _____ Date: _____

Thank you for your assistance. Please send Appendix A and B forms to:

Building Commissioning Certification Board

1400 SW 5th Ave, Suite 700

Portland, OR 97201

You may also fax the form to BCCB at (503) 227-8954