

EUMB - EPMPD **Quality Management System**

CECO APPLICATION FORM (ANNEX A)

Doc Ref No.:	EUMB-EPMPD-CECO
Effective Date:	
Revision No.:	0
Page No.:	1 of 2

CHECKLIST FOR C	CERTIFIED E	ENERGY CONSERVATION OFFIC	ER APPLICANT	
One (1) C Technolog One (1) C (Annex B) One (1) C	Certified True gy, Engineeri Original Copy); and Copy of Proof	of Letter of Endorsement from the help Copy of any academic credentiang and Mathematics (STEM), Transfor of Sworn statement of the application of payment of One Thousand Pescalized and/or refresher training from	als and for graduates of K-12 Ac script of Records and/or Diploma; ant in discharging functions of Er os (PHP 1,000.00) for Application	ademic Track of Science, nergy Conservation Officer Fee for Certification
*Additional for renev	wal applicatio	on		
Type of Application	n :	New	Renewal	
		DOE CECO APPLIC	CATION FORM	
		GENERAL INFO	PRMATION	
Name	:.			
		Surname	First Name	Middle Name
Address TIN No. Contact numbers E-mail addres Birth date Birthplace Highest Educ Attainment PRC ID No (if	ational			
Work Experie	Dates			
(dd/mm/y From	yyy) To	Position Title	Name of Co	ompany
1.0111				

(Continue on a separate sheet if necessary)



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Seminar/Training Program Attended *

Title of Seminar/Training Programs (Write in full)	Inclusive Dates (dd/mm/yyyy)		Number of Hours	Conducted/Sponsored By (Write in full)

(Continue on a separate sheet if necessary)

Reference/s (Provide three (3) non-relative persons.)

Assurances:

By signing this application form and this set of assurances, I hereby acknowledge the following conditions of the Energy Utilization Management Bureau (EUMB)/Energy Efficiency and Conservation Program Management and Technology Promotion Division (EPMPD) and agree to abide by them if this application is accredited.

- 1. I agree to submit complete registration/certification requirement documents and to abide by the accreditation criteria for CECO.
- 2. I hereby authorized the EPMPD of DOE to make direct inquiries to any person, firm, or organization named in the application to verify the information submitted herein.
- 3. I further agree that if we provide false or misleading information on our application form or otherwise fail to demonstrate that we have sufficient experience or qualifications to perform as CECO, the EPMPD has the right to suspend without prior notice my accreditation from the Registration.
- 4. I, the undersigned, hereby apply for the registration/certification with EPMPD and certify that, to the best of my knowledge, the particulars given in this application and all accompanying documents/information are true and correct.

NAME	:
SIGNATURE	:
DATE	<u>:</u>