

EUMB - EPMPD Quality Management System CEM APPLICATION FORM (ANNEX E)

Doc Ref No.:	EUMB-EPMPD-CEM
Effective Date:	
Revision No.:	0
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	enewal applicatio				
Type of Applica	ation :	New	Renewal		
		DOE CEM APPLIC	ATION FORM		
		GENERAL INFO	RMATION		
Name	:_	Surname	First Name	Middle Name	
TIN No. Contact nu E-mail add Birth date Birth place Highest Ed Attainment PRC ID No	ress : [
Work Expe	rience				
Inclusive Dates (dd/mm/yyyy) From To		Position Title	Name of Company		

(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 CEM.
- 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 CEM, 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	:
SIGNATUR	= .
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DATE	: