



**EUMB - EPMPD**  
**Quality Management System**  
**FPCS CEA APPLICATION FORM**  
**(ANNEX D)**

Doc Ref No.:	<b>EUMB-EPMPD-FPCS</b>
Effective Date:	
Revision No.:	<b>0</b>
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**CHECKLIST OF REQUIREMENTS FOR FPCS CEA APPLICANT**

- One (1) Certified True Copy of PRC license, if applicable;
- One (1) Copy of Proof of experience in energy audit;
- One (1) Certified True Copy of Transcript of Records and/or Diploma for graduates of K-12 Academic Track of Science, Technology, Engineering and Mathematics (STEM); and
- One (1) Copy of specialized and/or refresher training from Recognized Training Institution (RTI).

Type of Application :  New  Renewal

**DOE CEA APPLICATION FORM**

**GENERAL INFORMATION**

Name : \_\_\_\_\_  
*Surname* *First Name* *Middle Name*

Address : \_\_\_\_\_

TIN : \_\_\_\_\_

Contact number : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Birth date : \_\_\_\_\_

Birthplace : \_\_\_\_\_

Highest Educational Attainment : \_\_\_\_\_

PRC ID No (if applicable) : \_\_\_\_\_

**Work Experience/s**

Inclusive Dates (dd/mm/yyyy)	Position Title	Name of Company

*(Continue on a separate sheet if necessary)*

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**Seminar/Training Program Attended\* (with attached Certificate of Participation)**

Title of Seminar/Training Programs (Write in full)	Inclusive Dates (dd/mm/yyyy)		Number of Hours	Training Institution and Location (Write in full)

*(Continue on a separate sheet if necessary)*

*\*Additional for renewal application*

**Note: Attach Curriculum Vitae for each Energy Auditor Assurances:**

By signing this application form and 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 recognition criteria for CEA.
2. I hereby authorized the EPMPD of DOE-EUMB 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 CEA, the EPMPD has the right to suspend, without prior notice, my recognition from the Registration.
4. I, the undersigned, hereby apply for the registration/certification with EUMB-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 : \_\_\_\_\_

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