

Board for Contractors

INDIVIDUAL - RESIDENTIAL BUILDING ENERGY ANALYST LICENSE APPLICATION

Fee \$150.00

A check or money order payable to the **TREASURER OF VIRGINIA**,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

1. Full Legal Name (As it appears on your government issued ID or other legal documentation.)

 Last (required) First (required) Middle Generation

2. Provide at least **one** of the following identification numbers*:

☐ **Social Security Number** and/or

			-			-				
--	--	--	---	--	--	---	--	--	--	--

☐ **Virginia** DMV Control Number

--	--	--	--	--	--	--	--	--	--	--

➤ Enter the same identification number as used on examination, previous applications or licenses on file with the department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the **Virginia** Department of Motor Vehicles.

3. Date of Birth

 MM/DD/YYYY

4. Maiden or Former Name(s)

5. Mailing Address (PO Box accepted)

The mailing address will be
 printed on the license.

 City State Zip Code

6. Street Address (PO Box not accepted)

PHYSICAL ADDRESS REQUIRED

☐ Check here if Street Address is the same as the Mailing Address listed above.

 City State Zip Code

7. Contact Numbers

 Primary Telephone

 Alternate Telephone

 Fax

8. Email Address

 Email address is considered a public record and will be disclosed upon request from a third party.

9. Have you successfully completed a Board approved residential building energy analyst training program* ?

No ☐

Yes ☐ If yes, attach a certificate of completion or other documentation certifying the completion of the course.

* Residential building energy analyst courses must be completed through programs that meet or exceed the standards set forth by the U.S. Environmental Protection Agency, the U.S. Department of Energy, or the Home Performance with Energy Program. Other programs could be approved after board review.

BOARD USE ONLY	ETS					
OFFICE USE ONLY	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #	ISSUE DATE
			1020		2722	

10. Have you successfully completed a minimum of five (5) residential building energy analyses under the direct supervision of a licensed residential building energy analyst?
- No ☐
- Yes ☐ If yes, attach a completed Experience Verification Form.
11. Are you currently a member (in good standing) with a certified organization that is board approved?
- No ☐
- Yes ☐ If yes, provide documentation of your current membership information.
12. Are you currently employed by a company that holds a valid residential building energy analysts firm license?
- No ☐ If no, provide a copy of your certificate of liability insurance showing a minimum of \$100,000 with this application. The Applicant's name must be listed as the policy holder.
- Yes ☐ If yes, provide the Virginia License number and expiration date below:
- Virginia License Number

2	7	0	7						
---	---	---	---	--	--	--	--	--	--

 Expiration Date _____
- Company Name _____
13. Have you ever been subject to a **disciplinary action** taken by any (including Virginia) local, state or national regulatory body?
- No ☐
- Yes ☐ If yes, complete the Disciplinary Action Reporting Form.
14. A. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any **felony**?
- No ☐
- Yes ☐ If yes, complete the Criminal Conviction Reporting Form.
- B. Have you ever been convicted or found guilty, regardless of the manner of adjudication, in any jurisdiction of the United States of any non-marijuana **misdemeanor**?
- No ☐
- Yes ☐ If yes, complete the Criminal Conviction Reporting Form.
15. Have you ever had any **outstanding/past-due debts** (including child support arrearage); judgments; liens; past due 'unpaid' claims or suits; outstanding tax obligations; defaults on bonds; or pending/past bankruptcies?
- No ☐
- Yes ☐ If yes, complete the Adverse Financial History Reporting Form.
16. By signing this application, I certify the following statements:
- I am aware that submitting false information or omitting pertinent or material information in connection with this application will delay processing and may lead to license revocation or denial of license.
 - I will notify the Board of any changes to the information provided in this application prior to receiving the requested license, certification, or registration including, but not limited to any disciplinary action or conviction of a felony or misdemeanor (in any jurisdiction).
 - I authorize the Department to verify information concerning me or any statement in this application from any person, or any source the department may contact. I also agree to present any credentials or documents required or requested by the Department.
 - I authorize any federal, state or local government agency, current or former employer, or other individual or business to release information which may be required for a background investigation.
 - I have read, understand and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 11 of the Code of Virginia and the Virginia Board for Contractors Individual License and Certification Regulations.

Signature _____ Date _____