

BPI Test Center Application

Please complete all information. There is a \$500 non-refundable application fee that will cover your first year as a BPI Test Center if your organization is approved. You will receive notification for annual or auto-renewal via email. The renewal fee is \$500 and is subject to change. Your application will not be considered unless all information is complete, signed, dated, and the application fee has been paid in full. An email address is required in order to receive the most up to date information in a timely and effective manner from BPI.

**Required information is denoted by an * asterisk.
For Details, see the BPI Test Center Application Checklist.**

Please list the initials of the state(s) or regions where you will be administering BPI Exams: _____

Your organization will be performing: Written/Online Exams Field/Practical Exams
 If you checked off Field/Practical Exams, please check off the Certification Exam Designations your Test Center can offer based on the certifications of your field/practical exam proctors:

Building Analyst Envelope Heating AC & Heat Pump Manufactured Housing
 Multifamily Building Analyst Multifamily Building Operator
 Residential Building Envelope - Whole House Air Leakage Control - Installer

Is your organization IREC Accredited? Yes No
 (Please include proof of IREC Accreditation with Test Center Application)
 Do you have IREC Certified Trainers? Yes No
 (Please include proof of Certified Trainers with Test Center Application)

Does your organization fall into one of the following categories? Yes No
 If yes, which one(s)? College Government Agency Not for Profit according to Government guidelines
 Sole Proprietor

Business Applying for Test Center status – Physical Address			
Legal Business Name *			EIN # *
DBA (if applicable – please include documentation with Test Center Application)			
Legal Business Address *			
City *		State *	Zip *
Phone *	Extension	Fax	Extension
Email *			
Website			

Physical Address of Testing Site (if different from the Legal Business Address provided above)		
Street Address (NO PO BOX)		
City	State	Zip

Please complete the information below for the authorized business contact information. The primary contact will receive all direct mail and email communications from BPI, unless otherwise specified.

BPI Test Center Primary Contact Information – Mailing Address (check here if same as Physical Address above) <input type="checkbox"/>	
Authorized Contact Name (this is the person who has authorization to sign the BPI Test Center Agreement) *	
Title *	Email *

Phone *	Fax	
Primary Contact Name *		
Title *	Email *	
Mailing Address *		
City *	State *	Zip *
Phone *	Fax	

BPI Test Center Invoicing Information – Mailing Address (check here if same as Physical Address above) <input type="checkbox"/>		
Invoicing Contact Name *		
Title *	Email *	
Mailing Address *		
City *	State *	Zip *
Phone *	Fax	

BPI Test Center Web Information – Mailing Address (check here if same as Physical Address above) <input type="checkbox"/>		
Test Center Contact Name *		
Title *	Email *	
Mailing Address *		
City *	State *	Zip *
Phone *	Fax	

Please check and include a copy of all the documents listed to fulfill these requirements:

- I certify that the insurance proof submitted with the Test Center application provides coverage for all areas where this BPI Test Center will conduct BPI Certification Exams. (Please provide a signed statement on your organization’s letterhead with the submission of this application.)
- Test Center has General Liability Insurance in the amount of 1 million dollars. BPI Inc., 107 Hermes Rd., Suite 110, Malta, NY 12020 must be listed as a Certificate Holder. Expiration Date: _____
- Test Center has Workers Compensation Insurance. BPI Inc., 107 Hermes Rd., Suite 110, Malta, NY 12020 must be listed as a Certificate Holder Expiration Date: _____
- Check here if your Test Center is not required to carry Workers Compensation Insurance.

*****If your insurance document provided at the time of this application expires before your annual renewal date, you will need to submit the most current document to keep your BPI Test Center active. If proof of continuous insurance is not provided, your Test Center will deactivate as of the date the insurance expires. Updated proof of insurance must be submitted to TestCenter@bpi.org at least 30 days prior to expiration.*****

Please complete all of the following information:

Please list the names of all BPI approved proctor(s) you will be using once this agreement is finalized: (You may add proctors at a later date or list those who are in process.) _____

*****Please be aware that your organization will *not* be listed on the BPI website until you have active BPI approved Proctors that can administer the BPI Certification Exams*****

Select which BPI Certifications the field proctors(s) currently hold:

- Building Analyst Envelope Heating AC & Heat Pump Manufactured Housing
- Multifamily Building Analyst Multifamily Building Operator
- Residential Building Envelope - Whole House Air Leakage Control - Installer

Separation of Training and Exam Activities. The BPI Test Center shall demonstrate to BPI and candidates how any training it provides is independent of the evaluation and certification of the candidates that are being trained, if the BPI Test Center carries out written testing and field evaluation activities on behalf of that BPI certification. This is to ensure that confidentiality and impartiality are not compromised so that BPI, as the certification body, can conform to the requirements of ISO-17024: [ISO/IEC 17024:2003(E), Section 4.2.5] “The certification body shall not offer or provide training, or aid others in the preparation of such services, unless it demonstrates how training is independent of the evaluation and certification of persons to ensure that confidentiality and impartiality are not compromised.”

BPI shall not provide training to candidates in preparation for certification, to maintain a clear separation of training and examination activities in accordance with ISO-17204 requirements.

I have read and acknowledge the above statement and agree to abide by these requirements in order to maintain my organization’s status as a BPI Test Center.

BPI Test Center Application Fees can be remitted via one of the following methods:	
Check via Standard US Mail: Building Performance Institute, Inc. 107 Hermes Road, Suite 110 Malta, NY 12020 Attn: Test Center Application	Credit Card Payment via phone: (877) 274-1274 Extension 282

*****Please refer to the Test Center Application Checklist to ensure that all required information is submitted.*****

By submitting this application you are stating that you have read the Policies and Procedures for BPI Test Centers. Policies and Procedures for BPI Test Centers may be found at www.bpi.org.

I understand the application fee is non-refundable. I have read the Policies and Procedures for BPI Test Centers and agree to all of the terms and conditions set forth in this document to be found [here](#). I certify that all information included in this application and accompanying documentation is true and correct and I am authorized to obligate the organization to this agreement.

Signature _____ Job Title _____ Date _____