

## AFFILIATE APPLICATION

**Please fill in ALL information.** Your application will not be considered unless all information is complete, signed and dated. An **email address is requested** in order to receive the most up to date information in a timely and effective manner from BPI.

AFFILIATE BUSINESS INFORMATION		Application For	Conditional Affiliation	Affiliation
PRIMARY BUSINESS NAME:				
BUSINESS ADDRESS:				
BUSINESS CITY:		STATE:		ZIP CODE:
PHONE:		FAX:		
EMAIL:		WEBSITE:		
PRIMARY CONTACT NAME:				
PHONE:		EMAIL:		
SELF ASSESSMENT				
1.	DO YOU UNDERSTAND ALL THE OBLIGATIONS LISTED FOR BPI AFFILIATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2.	DO YOU HAVE INTERNAL STAFF QUALIFIED TO CONDUCT WRITTEN EXAMINATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	DO YOU HAVE INTERNAL STAFF QUALIFIED TO CONDUCT FIELD EXAMINATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	WILL YOU OUTSOURCE ANY WRITTEN OR FIELD EXAMINATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	HAVE YOU RECEIVED AND REVIEWED THE SCRIPT FOR WRITTEN EXAMINATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	HAVE YOU RECEIVED AND REVIEWED THE SCRIPT FOR FIELD EXAMINATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	DO YOU WANT YOUR AFFILIATE INFORMATION ON THE BPI WEBSITE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	DO YOU HAVE ACCESS TO PROPER WRITTEN EXAMINATION FACILITIES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	DO YOU HAVE ACCESS TO PROPER FIELD/LAB EXAMINATION FACILITIES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	DO YOU HAVE ACCESS TO BUILDING PERFORMANCE TEST EQUIPMENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11.	DO YOU CONDUCT TRAINING FOR YOUR ORGANIZATION?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12.	IF YES, WILL THERE BE MULTIPLE EXAMINERS QUALIFIED BY BPI WHO CAN EXAMINE CANDIDATES THAT HAVE BEEN TRAINED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
PLEASE INDICATE ALL EXAMINATION TYPES THAT YOU WOULD LIKE TO OFFER:				
<input type="checkbox"/>	Building Analyst	<input type="checkbox"/>	Envelope	<input type="checkbox"/>
<input type="checkbox"/>	Heating	<input type="checkbox"/>	A/C and Heat Pump	<input type="checkbox"/>
<input type="checkbox"/>	Manufactured Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Multifamily Energy Efficient Building Operations	<input type="checkbox"/>	Multifamily Hydronic Heating System Designer	<input type="checkbox"/>
<input type="checkbox"/>	Multifamily Advanced Heating Plant Technician	<input type="checkbox"/>	Multifamily Building Analyst	<input type="checkbox"/>
PLEASE SUBMIT THIS REQUEST WITH APPLICABLE FEES AND SUPPORTING DOCUMENTS TO:				
<b>Standard Mail</b>		<b>Email or Online</b>		<b>Fax</b>
<b>Building Performance Institute, Inc.</b> Saratoga Technology + Energy Park 10 Hermes Rd., Suite 200 Malta, NY 12020 <b>Attention: Affiliation Application</b>		<a href="mailto:info@bpi.org">info@bpi.org</a> or <a href="http://www.bpi.org">www.bpi.org</a> (coming soon)		<b>518-899-1622</b> or <b>1-866-777-1BPI</b>

I certify that all information included in this application and the accompanying documentation is true and correct and I am authorized to obligate the organization to this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date