Commonwealth of Virginia
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400
Richmond, Virginia 23233-1485
(804) 367-8511
www.dpor.virginia.gov



Board for Contractors INDIVIDUAL - RESIDENTIAL BUILDING ENERGY ANALYST LICENSE APPLICATION Fee \$130.00

A check or money order payable to the <u>TREASURER OF VIRGINIA</u>, or a completed <u>credit card insert</u> must be mailed with your application package. APPLICATION FEES ARE NOT REFUNDABLE.

1.	Name Last			First	Middle		Generation	
2.	Provide one of	f the following	idontification n					
۷.		curity Number		umbers. /irginia DMV Contro	* Number			
					er authorization to engage in a busines er issued by the Virginia Department of		or occupation issued	
3.	Date of Birth							
		MM/DD/YYYY	,					
4.	Mailing Addres	ss (PO Box ac	cepted)					
		ess is submitted, be printed on the						
				City		State	Zip Code	
5.	Street Address (PO Box <u>not</u> accepted) PHYSICAL ADDRESS REQUIRED if mailing address is a PO Box.			Check here if Street Address is the <u>same</u> as the Mailing Address listed above.				
6.	E-mail Address	S		City		State	Zip Code	
7.	Contact Numb	ore						
1.	COHILACT INUITID	EIS	Primary Telephor	ne	Alternate Telephone	F	ax	
9.	Have you successfully completed a Board approved residential building energy analyst <a href="mailto:training program">training program</a> * ?  No							
	Yes	If yes, attach a	a completed <u>Ex</u>	rperience Verificat	<u>ion Form.</u>			
BOARD USE ONLY	ETS							
OFFICE	DATE	FEE	TRANS CODE	ENTITY #	FILE #/LICENSE #		ISSUE DATE	
USE ONLY			1020		2722			

10.	Are you <i>currently</i> a member (in good standing) with a certified organization that is board approved?							
	No 🗌							
	Yes	If yes, provide documentation of your current membership information.						
11.	Are you <u>curre</u>	ently 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						
12.	Have you ever been subject to a disciplinary action taken by <u>any</u> (including Virginia) local, state or national regulatory body?  No							
	Yes	If yes, provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.						
13.		If yes, list the <b>misdemeanor</b> and/or <b>any felony conviction(s)</b> . Attach your <u>original criminal history record</u> and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.						
		Original criminal history records may be obtained by contacting the Virginia state police at <a href="www.vsp.virginia.gov">www.vsp.virginia.gov</a> or by phone at (804)674-6718. Applicants with convictions from other jurisdictions, other than Virginia; must provide an original criminal history record from <a href="each">each</a> state/jurisdiction in which they have been convicted.						
14.	defaults on b	est five years, have you ever had any outstanding/past-due debts; judgments; outstanding tax obligations; onds; or pending/past bankruptcies?						
	No  Yes	IF YES, YOU MUST ATTACH ALL SUPPORTING DOCUMENTS that directly relates to the practice of residential building energy analysis as defined in the §54.1-1144 of the <i>Code of Virginia</i> . Failure to provide adequate documentation will result in a delay in the processing of your application.						

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Contractor Individual License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance on your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

18-VAC-50-30-30.7 of the *Board for Contractors Individual License and Certification Regulations* states, "Each nonresident applicant for a license or certificate shall file and maintain with the department an irrevocable consent for the department to serve as service agent for all actions filed in any court in this Commonwealth. In those instances where service is required, the director of the department will mail the court document to the individual at the address of record."

15. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to any disciplinary action; or convicted of any felony or misdemeanor (in any jurisdiction) prior to receiving the receipt of the requested license. I also certify that I understand, have complied with, all the laws of Virginia related to contractor license 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.

Print Name	
Signature	Date