



EERC1: Professional Certification:
Energy Auditor and
Owner Statements

LL87@buildings.nyc.gov

1 Filing Status Required for all applications.

Indicate type: [] Initial Filing Amendment Multiple Buildings Yes No
Exception: [] LEED-EB ENERGY STAR Simple Building Base Building System Shared: _____

2 Location Information Required for all applications.

House No.(s) Street Name
Borough Block Lot BIN(s) (attach sheet)

3 Energy Audit Team Structure Required for all applications.

Choose one: [] Registered Design Professional Conducting the Energy Audit If selected, 4 & 5A
[] Registered Design Professional Supervising Energy Auditor(s) If selected, 4 & 5A
[] DOB Registered Energy Auditor If selected, 5B

4 Professional's Certification

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws including AC § 28-308.2, rules of the Department of Buildings and the Rules of the City of New York, including 1RCNY § 103-07(c)(1) and 103-07(e), as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including being barred from filing any documents with the Department of Buildings, and termination of participation in the professional certification procedures at the Department of Buildings.

Name (please print)
Signature Date
P.E. / R.A. Seal (apply seal, then sign and date over seal)

License Number _____

5 Energy Audit Team Qualifications Complete 5A OR 5B for all applications.

5A Last Name _____ First Name _____ Middle Initial _____

Type of Certification: Choose one [] Certified Energy Auditor (CEA) [] Building Energy Assessment Professional (BEAP)
[] Certified Energy Manager (CEM) [] High-Performance Building Design Professional (HPBD)
[] Multifamily Building Analyst (MFBA) for 100% multi-family residential buildings only

Individual Certification Expiration Date: _____
Signature and Date: _____

5B Last Name _____ First Name _____ Middle Initial _____

Type of Certification: Choose one [] Certified Energy Auditor (CEA) [] Building Energy Assessment Professional (BEAP)
[] Certified Energy Manager (CEM) [] High-Performance Building Design Professional (HPBD)
[] Multifamily Building Analyst (MFBA) for 100% multi-family residential buildings only

DOB Registration Number: _____
Signature: _____ Date: _____

6 Owner's Statement *Required for all applications.*

I have read and am fully aware of the applicant's above statement that this job will be professionally certified, and agree to bring into compliance any construction which is found not to comply with all applicable laws and regulations.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

I have authorized the applicant to file this application for the work specified herein and all future amendments. I will not knowingly authorize any work that is not in compliance with the New York City Energy Conservation Code (NYCECC).

Name (please print): _____

Relationship to Owner: _____

Business Name/Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Signature and Date 



EERC2: Professional Certification:
Retro-commissioning Agent and
Owner Statements

LL87@buildings.nyc.gov

1 Filing Status *Required for all applications.*

Indicate type: Initial Filing | Amendment | Exception (LEED)

2 Location Information *Required for all applications.*

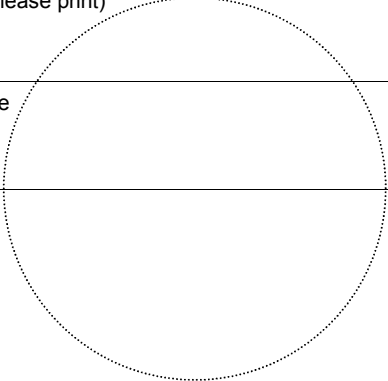
House No.(s) _____ Street Name _____
Borough _____ Block _____ Lot _____ BIN(s) _____ (attach sheet)

3 Retro-commissioning Team Structure *Required for all applications.*

Choose one: Registered Design Professional Conducting Retro-Cx *If selected, 4 & 5A* | Certified Refrigerating System Operating Engineer *If selected, 4 & 5A*
 Registered Design Professional Supervising Retro-commissioning Agent(s) *If selected, 4 & 5A*
 DOB Registered Retro-commissioning Agent *If selected, 5B* | Licensed High Pressure Boiler Operating Engineer *If selected, 4 & 5A*

4 Professional's Certification

I hereby state that I have exercised a professional standard of care in certifying that the filed application is complete and in accordance with applicable laws including AC § 28-308.3, including the rules of the Department of Buildings and the Rules of the City of New York, including 1RCNY § 103-07(c)(2) and 103-07(g), as of this date. I am aware the Commissioner will rely upon the truth and accuracy of this statement. I have notified the owner that this application has been professionally certified. If an audit or other exam discloses non-compliance, I agree to notify the owner of the remedial measures that must be taken to meet legal requirements. I further realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including being barred from filing any documents with the Department of Buildings, and termination of participation in the professional certification procedures at the Department of Buildings.

Name (please print)	
Signature	Date
	
P.E. / R.A. Seal <i>(apply seal, then sign and date over seal)</i>	

License Number _____

5 Retro-commissioning Team Qualifications *Complete 5A OR 5B for all applications.*

5A Last Name _____ First Name _____ Middle Initial _____

Type of Certification: <i>Choose one</i>	<input type="checkbox"/> Certified Commissioning Professional (CCP)	<input type="checkbox"/> Commissioning Process Professional (CxPP)
	<input type="checkbox"/> Building Commissioning Professional (BCxP)	<input type="checkbox"/> Commissioning Process Management Professional (CPMP)
	<input type="checkbox"/> Certified Building Commissioning Professional (CBCP)	<input type="checkbox"/> Technical Retro-Commissioning Professional (BSC CT)
	<input type="checkbox"/> Accredited Commissioning Process Authority Professional (CxAP)	<input type="checkbox"/> Certified Commissioning Authority (CxA)
	<input type="checkbox"/> Existing Building Commissioning Professional (EBCP)	<input type="checkbox"/> Building Systems Commissioning Professional (BSC CP)

Certification Expiration Date: _____ Years of Experience Retro-commissioning buildings >50,000
Signature and Date: _____ gsf: _____

5B Last Name _____ First Name _____ Middle Initial _____

Type of Certification: <i>Choose one</i>	<input type="checkbox"/> Certified Commissioning Professional (CCP)	<input type="checkbox"/> Commissioning Process Management Professional (CPMP)
	<input checked="" type="checkbox"/> Certified Building Commissioning Professional (CBCP)	<input type="checkbox"/> Existing Building Commissioning Professional (EBCP)

DOB Registration Number: _____ Years of Experience Retro-commissioning buildings >50,000
Signature: _____ Date: _____ gsf: _____

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Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department. Furthermore, I understand that I am responsible for insuring that a final inspection be performed when the permitted work is complete, and that a satisfactory report of final inspection be submitted, along with all required submittal documents, so that the NYC Department of Buildings may issue a letter of completion or certificate of occupancy within the time prescribed by law.

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Name (please print): _____

Relationship to Owner: _____


Business Name/Agency: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-Mail Address: _____

Signature and Date  _____