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Application for Company Membership

_____ Company Name		
_____ Address		
_____ City	_____ State/Country	_____ Postal Code
_____ Telephone Number	_____ Fax Number	_____ Date of Incorporation
_____ Website Address		_____ Number of Employees
_____ Primary Contact <i>(must be an applying/current CxA)</i>		_____ Primary Contact Email Address
_____ Parent Company		_____ Company Subsidiary(ies) <i>(if applicable)</i>

1. Please list the full scope of services provided by the company:

2. Please describe all configurations under which your firm delivers commissioning (Cx) services:

If approved for ACG membership, our company agrees:

- 1. To provide professional, independent commissioning services on behalf of the owner.
- 2. To uphold professional and ethical standards of conduct.
- 3. To keep at least one (1) Certified Commissioning Authority (CxA) employed at all times in order to maintain membership. *(Should the only CxA leave, the company would have a 3-month grace period to have a new CxA certified.)*
- 4. To abide by the ACG bylaws and Policies and Procedures.
- 5. That our membership and certification will only remain valid while our membership dues status remains current.

Application Submitted by (print name) Title

Signature Date

Please submit complete Company Membership Application with at least one (1) CxA Application to be considered for approval.

By mail: ACG Headquarters, 1518 K Street, Suite 503 NW, Washington, DC 20005
By email: info@commissioning.org • By fax: (202) 638-4833