



Certified Commissioning Authority (CxA) Application

A separate application is required for each person that applies for certification as an ACG Commissioning Authority.

Full Name of Applicant

Title Email Address

Company Name

Address

City State/Country Postal Code

Telephone Number Fax Number Years with Company

Company's ACG Membership Status: *(please check one)*

- Current ACG Member Company
- Applying Company *(this CxA application must accompany an ACG Company Membership application to qualify)*

If accepted and approved, please indicate your preference for taking the CxA exam:

- CxA Workshop & Exam (Date/Location _____)
- Local Testing Center *(Once approved, ACG will provide login information to schedule the exam.)*

List current licenses, registrations and/or other certifications held by applicant:

Required Attachments - Submit copies of the following with your application:

- 1. **Current Personal Resume of Applicant** including all relevant educational and work experience with dates, job titles, and roles and responsibilities. *(Please note: most "corporate" summaries/profiles issued by companies typically do not provide sufficient detail.)*
- 2. **A list of 3 projects** in which you participated as a commissioning service provider, including customer contact information and details on **your specific roles and responsibilities on each project.**
- 3. **Current certificates** showing licenses and/or other certifications of applicant. *(If applicable)*

If accepted and certified by ACG, I agree:

- 1. To provide professional, independent commissioning services on behalf of the building owner.
- 2. To uphold professional and ethical standards of conduct.
- 3. To abide by the ACG bylaws and Policies and Procedures.
- 4. That my ACG certification will only remain valid while working for a current ACG member firm.

Application Submitted by (print name)

Signature

Date

Application Acceptance and Review Process: Once a complete application has been submitted to ACG Headquarters, the ACG Certification Examining Board will review the application in confidentiality. Once a decision has been reached, ACG Headquarters will notify the applicant of whether or not the application has been approved. Please allow 2-3 weeks for the review to be completed. *(This process may take longer during heavy application periods – i.e., prior to a Workshop.)*

Application and Examination Fee: A \$250 application and examination fee must accompany this application, unless the applicant registers to attend the CxA Workshop & Exam. In the event the application is not approved, ACG will provide a refund of this fee.

CxA Certification Exam & Next Steps: Once approved, the applicant may take the exam at an offering of the CxA Workshop or at a local testing center *(please indicate your preference on page 1)*. The exam is 100 questions, multiple-choice, with a 3-hour time limit. Passing scores are 70% or higher. Once the applicant has successfully passed the exam, certification will become activated if the applicant's company is already a member. If the applicant's company is not already an ACG member, ACG will provide the necessary follow-up information regarding the new company's dues before certification can be activated.

Annual Certification Renewal: Each member company is responsible for renewing its membership annually on a calendar year basis in order to maintain active membership and certification. All renewal information for each company (including branch offices and certified personnel) is sent to the *primary CxA contact* at each main office location at the end of the calendar year. Annual membership dues for each main office location are \$1,500, and include one (1) certification renewal. Branch office dues are \$250 per year, and include one (1) certification renewal. The annual renewal fee for each CxA beyond the first at each location is \$100 per year.

PAYMENT INFORMATION - \$250

Application fee is waived if applicant registers for the CxA Workshop & Exam.

<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
_____ Card Number		_____ Expiration Date	
_____ Name of Cardholder			
_____ Signature of Cardholder			



Submit complete application and fee to:

By Mail: **ACG Headquarters, 1518 K Street, Suite 503 NW, Washington, DC 20005**

By Email: **info@commissioning.org** • By Fax: **(202) 638-4833**

For any questions, please call ACG Headquarters at **(202) 737-7775**.