

1015 18th St. NW., Suite 603 Washington, DC 20036 Tel: (202) 737-7775 Fax: (202) 315-0285

Email: info@commissioning.org Website: www.commissioning.org

Application for Company Membership

Company Name				
Address				
City	State/Cou	untry	Postal Code	
Telephone Number	Fax Num	ber	Date of Incorporation	
Website Address			Number of Employees	
Primary Contact (must be an applying/current CxA)		Primary Contact E	Primary Contact Email Address	
Parent Company		Company Subsidia	Company Subsidiary(ies) (if applicable)	
1. Please list the full so	cope of services	s provided by the co	mpany:	
2. Please describe all commissioning (Cx)	•	under which your fir	m delivers	
If approved for ACG m	embership. our	company agrees:		
	• •		s on behalf of the owner.	
2. To uphold professio	2. To uphold professional and ethical standards of conduct.			
			rity (CxA) employed at all times in order to a 3-month grace period to have a new CxA certified.)	
4. To abide by the ACG Bylaws and Policies and Procedures.				
			rship dues status remains current. ertification fees, and one CxEnergy registration	
Application Submitted by (prin	t name)	Title		
Signature		Date		

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