



Application for CxA Independence Re-verification

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Application for CxA Independence Re-verification

Introduction

ACG's Certified Commissioning Authority (CxA) certification is available to independent industry professionals who lead, plan, coordinate and manage commissioning teams to implement commissioning processes in new and existing buildings. Independence is verified at the time of initial certification and must be re-verified using this form any time a CxA program participant changes employers.

Refer to the [CxA Candidate Handbook](http://www.commissioning.org/) available at (<http://www.commissioning.org/>) for full information on the CxA program.

Application Submission Instructions

A separate application is required for each person who is applying for independence re-verification. Please type or print clearly and neatly, filling out all sections of the application. Individuals who submit incomplete applications will be notified that the applications will not be processed.

Confirmations and other important information will be sent to you via email or mail. Please ensure all of your contact information is correct.

Submit applications with all required attachments to the ACG Certification Department via mail or email.

certification@commissioning.org
ACG Certification Department
2401 Pennsylvania Ave. NW, Suite 330,
Washington, DC 20037

Please submit the following required attachments with the completed application:

1. Signed/dated CxA Code of Ethics form
2. Full Payment

The CxA Certification Council reserves the right to verify any information submitted as part of the application and to request further information or documentation from the applicant as needed.

Applicants will be notified via email when a completed application is received. Please allow up to 10 business days for processing of CxA independence re-verifications.

Company's ACG Member Status (please check one)

- Current ACG Member Company
- Applying Company (if checking this option, this Application for CxA Independence Re-verification must be accompanied with an ACG Company Membership Application)
- Non-member and not applying for membership

Applicant Information

| | | |
|------------------------------------|--------------------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| First Name | Middle Initial/Name | Last Name |
| <input type="text"/> | | |
| Street Address/PO Box | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State/Province | Zip/Postal Code |
| <input type="text"/> | <input type="text"/> | |
| Country | Personal Email Address (required) | |
| <input type="text"/> | <input type="text"/> | Certification Number |
| Home Phone Number (with area code) | Mobile Phone Number (with area code) | |

Previous Employer Information

| |
|----------------------------------|
| <input type="text"/> |
| Previous Employer / Company Name |

New Employer Information

| | | |
|-------------------------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | |
| Employer / Company Name | Job Title | |
| <input type="text"/> | | |
| Work Address | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State/Province | Zip/Postal Code |
| <input type="text"/> | <input type="text"/> | |
| Country | Work Email Address | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Company Web Site | Work Phone | Years/Months with New Employer |

NOTE: Employer must qualify as independent Cx company. See “**Verification of Independence**” on page 4.

Contact Preferences

- What is your preferred mailing address? Home Work
- What is your preferred email address? Home Work

Verification of Independence

One of ACG's core principles is the importance of independent, third party commissioning. Therefore, ACG will verify that the individual's current employer is an independent commissioning company.

ACG defines an independent commissioning company as one that provides independent commissioning services in accordance with the ACG Commissioning Guideline, and does not also provide services that present conflicts of interest, such as manufacturing of equipment or system components, installation or other contracting, construction, or others that could affect the ability of the applicant to render an objective commissioning report.

If you change employers during the CxA independence verification process, during the certification cycle, or at any point in the future, you are required to notify the CxA Certification Department so independence can be re-verified.

- I attest that my current employer is an independent commissioning company, is not an equipment manufacturer, installer, contractor, etc. and is free from potential conflict of interest. *This will be verified by ACG.*

Fees and Payment

Please check the fee category that applies to you.

- | | | |
|--------------------------|--|---------|
| <input type="checkbox"/> | Individuals employed by an ACG Certified Member company, or by a company that has submitted a completed application but has not yet achieved membership status | \$100 |
| <input type="checkbox"/> | All other individuals | \$2,100 |

Payment Information

Please provide payment information below.

Select Your Method of Payment

- | | | |
|--------------------------|-------------|--|
| <input type="checkbox"/> | Check | <i>Make checks payable to ACG</i> |
| <input type="checkbox"/> | Credit Card | <i>Visa, MasterCard, and American Express accepted</i> |

Credit Card Information

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Credit Card Type | Card Holder Name |
| <input type="text"/> | <input type="text"/> |
| Credit Card Number | Expiration Date |
| <input type="text"/> | |
| Security Code | |

By submitting the signed application, you authorize ACG to charge the application fee to the credit card provided and for the amount signified in the Fees and Payment section of this application.

Statement of Understanding – CxA Independence Re-verification

By completing, signing, and submitting this application I acknowledge that I:

- Have read and understand the [CxA Candidate Handbook](#).
- Understand that the CxA Certification Council reserves the right to verify any information submitted on the application and to request further information or documentation from me as needed.
- Understand that the information I provide to ACG may be audited to verify my eligibility, and I authorize ACG to make needed inquiries to verify the information I have provided in this application.
- Understand that providing false or misleading information at any time may be cause for denial of this application and/or certification without refund of any fees.

Further, if this application is accepted, I agree:

1. To provide professional, independent commissioning services on behalf of the building owner and comply with all requirements of the CxA certification program.
2. To uphold and abide by the CxA Code of Ethics (sign and include form found in this application).
3. To abide by the ACG Bylaws and Policies and Procedures, including annual surveillance, recertification, confidentiality, and disciplinary requirements.
4. Not to use the CxA certification in such a manner as to bring the CxA Certification Council or ACG into disrepute, and not to make any statement regarding the certification which the CxA Certification Council considers misleading or unauthorized.
5. That my CxA certification will only remain valid while working for my current firm and that I will notify ACG promptly upon a change in my employment status. If I intend to reactivate my CxA certification I will submit another application so ACG can verify continued independence.
6. To inform the CxA Certification Council, without delay, of any matter that affects my ability to fulfill the certification requirements.
7. To cease all claims to certification that contain any reference to the CxA Certification Council or CxA certification upon expiration, suspension, or withdrawal of CxA certification, or if my certification becomes inactive, and to return any certificates issued by the CxA Certification Council.
8. Not to use the CxA certificate in a misleading manner.

Use of Personal Information

I understand that the information provided to ACG and the CxA Certification Council on this application and other subsequent documentation is used in accordance with the Confidential Candidate and Applicant Information policy found in the [Candidate Handbook](#). Further, I understand that ACG may publish the names, certification status, and contact information of all CxAs on the ACG website, and/or in other ACG published documents. I understand that the status of an individual's CxA certification may be verified by contacting ACG.

Signature

Date

CxA Code of Ethics

The CxA Certification Council established this Code of Ethics to promote honesty and integrity among Certified Commissioning Authorities, as well as quality workmanship in accordance with industry standards. Violation of one or more tenets of the CxA Code of Ethics on the part of CxA certification holders may result in disciplinary procedures and sanctions, including: demands to cease and desist; written reprimand; written reprimand with remediation; censure; suspension, revocation, or permanent revocation of certification; and/or dismissal from committees of the Board of Directors and/or Certification Council.

Certification holders are required to uphold and abide by the tenets of the CxA Code of Ethics, as a condition for certification and recertification. CxA certification holders pledge to:

1. Exercise a reasonable industry standard of care in the performance of professional duties.
2. Perform professional duties with trust, integrity, and honesty.
3. Hold paramount the health and safety of the public in the performance of professional duties.
4. Work in a manner consistent with applicable laws and regulations; demonstrate integrity, honesty, and fairness in all activities; and strive for excellence in all matters of ethical conduct.
5. Act with integrity in any relationship that involves an employer or client and disclose fully, in writing, to an affected employer or client, any conflicts-of-interest resulting from business affiliations or personal interests.
6. Represent qualifications accurately and honestly.
7. Offer products and services only in areas where competence and expertise will satisfy the client and public need.
8. Comply with and uphold all policies, procedures, guidelines, and requirements of the ACG Certified Commissioning Authority program; use the designation as authorized and only in the approved manner.
9. Accept responsibility for maintaining the ACG Certified Commissioning Authority credential through recertification and continuously uphold the CxA Code of Ethics.
10. Voluntarily and immediately report to the CxA Certification Council any felony convictions or other legal dispositions that would constitute violations of this Code of Ethics that have not already been disclosed, regardless of when they occurred, and report any conditions that prohibit fulfillment of duties as set forth in the competency requirements.

By agreeing to and signing the CxA Code of Ethics statement, CxA certification holders also acknowledge that the CxA certificate and marks are the property of ACG and agree to return the certificate to ACG and discontinue use of the ACG Certified Commissioning Authority designation and related marks when required to do so.

Compliance

The Certification Council requires adherence to the Code of Ethics by all certified individuals and requires individuals to return a signed copy of the Code of Ethics to the certification body as a condition of applying for and maintaining certification.

Any individual may file a complaint against a certified person and complaints shall be fully investigated and adjudicated by the Certification Council. All complaints must allege a violation of the Code of Ethics and shall be investigated according to the rules and procedures of the Certification Council which shall allow for due process.

Signature

Date