## Third-Party Verification of Required Commissioning Projects

For my application as an ACG Certified Commissioning Authority (CxA), it is a prerequisite that I submit projects demonstrating my commissioning experience. To fulfill ANSI requirements, this information must be objectively verified by someone other than myself. I have listed you as someone able to attest to my work on this project, and would appreciate you completing this form and returning it to me at your earliest convenience.

| Commissioning  | j Project                   |  |                          |                              |
|--|-----------------------------|--|--------------------------|------------------------------|
| Project Description  | l                           |  |                          |                              |
| Employer Name:   |                             |  |                          |                              |
|  |                             |  |                          |                              |
| Project Name:  |                             |  |                          |                              |
| Project start/end dates:   |                             |  |                          |                              |
| Your Role:   |                             |  |                          |                              |
| Contact Informatio   | n for Individual Authoriz   | zed to Verify Appl                         | icant's Work             |                              |
|  |                             |  |                          |                              |
| Name   |                             | Position/Job Title                         |                          | Relationship to Applicant    |
|  |                             |  |                          |                              |
| Email Address  |                             | Phone Number                               |                          |                              |
| Client Description   |                             |  |                          |                              |
|  |                             |  |                          |                              |
| Client Name  |                             | Street Address                             |                          |                              |
|  |                             |  |                          |                              |
| City/State   |                             | Zip/Postal Code                            |                          | Country                      |
| For this Commissio   | oning Project, in which o   | of the following ac                        | tivities did you partici | pate (check all that apply)? |
| ☐ Develor  | pment of an OPR/CFR         |  | Oversee performan        | ce testing                   |
|  | pment of commissioning plan | Correction of deficiencies                 |                          |                              |
|  | of a design                 | Coordination of facility operator training |                          |                              |
| Perform  | n field verification        | Prepare commissioning report               |                          |                              |
| THIRD-PARTY VERIFIER USE ONLY  |                             |  |                          |                              |
| I attest to the accuracy of the applicant's project experience as shown above. |                             |  |                          |                              |
|  |                             |  |                          |                              |
|  |                             |  |                          |                              |
| Signature  | ?                           | Position                                   | Date                     | Contact Phone Number         |