**Application for Reaccreditation as an Energy Master Auditor**

|  |  |
| --- | --- |
| **Applicants Name** |  |
| **Your Postal Address** |  |
| **Telephone Number(s)** |  |
| **Email Address** |  |
| **Company/Employer** |  |
| **Company Address** |  |

Update your details in the tables below with any new Qualifications in Table 1 and new Memberships / Registrations / Licenses in Table 2, since your original accreditation.

**Table 1 - Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Length of Study (years)** | **Discipline** | **Education Provider** | **Country** | **Year Completed** |
| *eg NZCE* | *2 years* | *Mechanical* | *WelTec* | *New Zealand* | *2011* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Table 2 - Memberships / Registrations / Licenses**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organisation** | **Class** | **Current  Yes / No** | **Registration Number** | **Year Gained** |
| *eg Engineering NZ* | *TIPENZ* | *Yes* | *12345* | *1990* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

You can include any Membership of Engineering New Zealand at:

* Associate, Technical or Professional level; or
* Registration on a National Register of Current Competence; or
* Trade qualification.

**Details of Level 2 or Type 2 Energy Audits completed in the last 5 years**

As part of your application for reaccreditation, please provide details of three Level 2 or Type 2 Energy Audits you have completed in the previous 5 years (use Table 3). Note: Level 2 Energy Audits dated after 1 April 2015 will not be accepted.

Type 2: Detailed Energy Audits (Investment grade for Commercial Buildings) now apply under the latest AS/NZS 3598.1:2014 (Commercial Buildings).

Note: One of these audits must have been completed no longer than 18 months ago. Indicate which one this is in the table.

Please indicate which audit you are submitting a full report on. List this Audit first on row ‘A’ in Table 3.

**Table 3 - Level 2 / Type 2 Energy Audits conducted in the last five years**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Energy Audit** | **Audit Customer** | **Customer Address** | **Date Audit Completed** | **Full copy submitted Yes / No** |
| **A** |  |  |  |  |
| **B** |  |  |  |  |
| **C** |  |  |  |  |

For the other two audits complete the details in the Tables 4 and 5 on rows ‘B’ and ‘C’ and provide summary details for them including

* Summary of findings;
* Energy saving opportunities identified; and
* Recommended course of action(s).

**Table 4 -Level 2 / Type 2 Energy Audit Details for Audit B**

|  |  |
| --- | --- |
| **Energy Audit** | **Audit Summary** |
| **B** | Summary of Findings  Energy Saving opportunities identified  Recommended Course of Actions |

**Table 5 Level 2 / Type 2 Audit Details for Audit C**

|  |  |
| --- | --- |
| **Energy Audit** | **Audit Summary** |
| **C** | Summary of Findings  Energy Saving opportunities  Recommended Course of Actions |

**Information for Accreditation Listing**

A successful candidate for accreditation will have the details of their areas of expertise listed alongside their name and contact details on the Scheme website. Potential clients often want to engage auditors with particular experience or industrial machinery backgrounds. To assist the appropriate promotion of auditors please take this opportunity to update your details and provide the following information.

Please provide no more than 200 words to outline your Areas of Expertise and gives details of the following:

* **Practice Field** - if you are an IPENZ member or listed on a National Register of Current Competence, identify your defined practice field(s) (eg Electrical, Industrial, Mechanical); and
* **Practice Area** – include details on your practice area(s) (eg. Industrial Process Energy Auditing, Lighting, HVAC, Refrigeration Engineering and Installations etc).

|  |
| --- |
| **Areas of Expertise** |
| Enter your 200 words here |

|  |
| --- |
| **Work Areas** |
| Indicate here which geographical area of the country you are available to work in, eg. Lower North Island / National / South Island only. |

If you have other evidence of competence that you wish to have considered as part of your application for reaccreditation please outline the details here and provide any supporting material with your application (or enter ‘none’).

|  |
| --- |
| **Other Evidence** |
|  |

**Privacy**

Any audits you send us will remain confidential and only be used in-house for the purpose of this assessment. Any hard copies will be returned to you at the end of the assessment.

# Checklist

Please ensure that you have enclosed the following with your application:

|  |  |  |
| --- | --- | --- |
| **Application Requirements** | **Applicant Check** | **Administrator**  **Check** |
| Completed Reaccreditation Application Form (this form) – including details of two Type 2 / Level 2 Audits. |  |  |
| Completed the Continuing Professional Development Summary Form, presenting details for the last 5 years  (20 hours annually – a total of 100 hours). |  |  |
| One full Type 2 Audit Report. |  |  |
| Application Fee (refer General Guidance for Applicants). |  |  |

# Processing this Application

Please send your completed application either to the postal address below or email to [info@cep.org.nz](mailto:info@cep.org.nz).

CEP

PO Box 11508

Manners Street

Wellington 6142

An invoice will be issued to you once your application has been received and the process will commence once payment has been received.

Enquiries about your reaccreditation should be directed to CEP either by phone 04 385 2839 or email [info@cep.org.nz](mailto:info@cep.org.nz).

**CEP Website Links:**

<https://cep.org.nz/>

<https://cep.org.nz/energy-master/>

<https://cep.org.nz/energymasters-auditor/>