

# APPLICATION FOR INDIVIDUAL: HOME ENERGY ASSESSOR (HEA) CERTIFICATION



Construction Contractors Board  
PO Box 14140  
Salem, OR 97309-5052  
503-378-4621  
[www.oregon.gov/ccb](http://www.oregon.gov/ccb)

HEA # \_\_\_\_\_  
Eff. date \_\_\_\_\_  
(For CCB use only)

## APPLICANT INFORMATION: Complete *entire* form using blue or black ink.

Full Legal Name of Individual who Completed Approved Training		
Mailing Address	City, State	Zip Code
Physical Address (if different)	City, State	Zip Code
Telephone Number (     )	Cell Phone Number (     )	E-Mail Address

REQUIRED ASSOCIATION		
<input type="checkbox"/> This Certification will be associated with an existing CCB residential license	CCB License HEA Associated With:	Signature of owner/officer/member/partner
<input type="checkbox"/> This Certification will be associated with a new Home Energy Performance Score Contractor license	CCB License Application Attached	Signature of owner/officer/member/partner

**SIGNATURE**

I certify that I have read and will comply with ORS 701.527-701.536, and OAR 812-032-0000 through 812-032-0150.

I understand that I ***MUST*** be associated with a business that is licensed through the Construction Contractors Board as a Home Energy Performance Score Contractor, or as a residential construction contractor, before this certification can be activated and I can begin conducting business as a Home Energy Assessor.

I understand that this certification must be renewed every 12 months, and that my training certification will expire on a different date based on when I completed the training.

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Signature	Date
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## INCLUDE WITH APPLICATION

Approved *Supplement to Home Energy Assessor Certification* form **signed** by the Oregon Department of Energy

Application Fee - \$100

Certification Issuance Fee – 1 year - \$100

Make checks payable to the *Construction Contractors Board*

## CREDIT CARD PAYMENTS - (Credit card-only customers may fax this application to 503-373-2155)

Billing Name	Billing Address		
Amount of Payment <b>\$200</b>	Card Number	CVV Number	Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	Signature of Card Holder _____ Date _____		Office Use Only