



## **Recertification Application**

**Building Commissioning Certification Board  
1400 SW Fifth Avenue, Suite 700, Portland, OR 97201**

**Phone: (877) 666-BCXA (2292)**

**Fax: (503) 227-5515**

**[Email: certification@bcxa.org](mailto:certification@bcxa.org)**

**[Website: www.bcxa.org](http://www.bcxa.org)**

### **APPLICATION INSTRUCTIONS**

- Please enter your name on the Recertification forms the same way as you would like it to appear on your Recertification certificate.
- The address you enter should be the address to which you want your Recertification certificate sent. This may be either your personal address or your business address.
- You must complete this application form in its entirety and ensure that all required supporting documentation is submitted. Missing information or documentation may cause your Recertification documents to be rejected or returned.
- The BCCB will review the submitted application. If questions arise you will be contacted by a BCCB review member and may be asked to submit additional information or asked to clarify information submitted.

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## APPLICANT INFORMATION

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*Please provide the information below.*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

My CCP number is: \_\_\_\_\_

My CCP certificate was issued on: \_\_\_\_\_ (date)

***To be recertified you must have completed two or more of the following five requirements since obtaining the CCP™:***

- 1) Obtained 8 PDHs of training related to commissioning. (List the training session, date of training, and number of PDHs for each training session.)
- 2) Attended at least one NCBC conference or BCA conference or two Chapter-sponsored events in the last three years. (List each event and its corresponding date.)
- 3) Taught a minimum of two days of commissioning as part of an association-sponsored event. (Submit a copy of the class outline along with dates of the classes.)
- 4) Actively worked on a commissioning association committee for at least one year. (List the committee, committee chairperson, and dates.)
- 5) Been the commissioning authority/manager on one or more projects that total 50,000 sq. ft. or more and meet the basic scope requirements of “fundamental commissioning” from the USGBC LEED-NC 2.2 requirements. (Submit the building name, address, and owner’s name.)

***List those items you have completed, from the list above, that qualify you for recertification:***

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

e. \_\_\_\_\_

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## AFFIRMATIONS OF APPLICANT

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*Read each of the following statements carefully. By signing and dating below, you are affirming that each statement is true. **If you cannot truthfully attest to all of the statements, you are not eligible to be recertified.** Please note that, should the BCCB determine that you have falsified any attestation, your application will be rejected.*

- A. I certify that the information provided in this application is true, accurate, and verifiable to the best of my knowledge. Further, I agree to notify the BCCB of any material change in the information provided in this application or of the occurrence of any event or development bearing upon my eligibility for certification including, but not limited to, any criminal conviction or disciplinary action by a licensing board or professional organization.
- B. I certify that I have not been convicted by any court, licensing board, or registration board of violating the law in conjunction with the performance of my professional work.
- C. I understand that, once the BCCB processes this Recertification application, the fee for this process is non-refundable.
- D. I understand that BCCB certification is valid for a period of three (3) years. Should I be granted Recertification, I understand that it is my responsibility to demonstrate evidence of my continued competence in the field of building commissioning.
- E. I understand that the BCCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my CCP<sup>TM</sup> certification, or other disciplinary action. I authorize the BCA, BCCB and their officers, directors, employees, agents, and assigned examiners to review my Recertification application to determine whether I have met the BCCB's standards for recertification.
- F. I indemnify and hold harmless the BCA, BCCB and their officers, directors, employees, agents, and assigned examiners from the decision made on my Recertification application as long as such decision was made in good faith and does not constitute gross negligence by the BCA, BCCB or their officers, directors, employees, agents and/or assigned examiners.
- G. I acknowledge that I have read this application and the BCCB's certification standards, and I understand that it will be my responsibility to remain in compliance with all of the BCCB's certification standards.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## APPLICATION FEE

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*The following application fees are in effect:*

	<b>Fee</b>
<i>BCCB CCP™ – Recertification fee if received before CCP™ certificate expires</i>	<b>\$225.00</b>
<i>Applications received 60 days after CCP™ certificate expires</i>	<b>\$275.00</b>
<i>Applications received 120 days after CCP™ certificate expires</i>	<b>\$325.00</b>
<i>Applications received 365 days after CCP™ certificate expires must reapply for CCP™ certification</i>	n/a

*CCP™ recertification is valid for three years.*

*CCP™ certifications will be suspended if applications and fees are not received.*

*The BCCB must receive the application fee in full along with the Recertification application for processing. We accept money orders, cashier's checks, checks drawn on a company account, personal checks, and credit card payments. We do **not** accept cash.*

*If you are paying by check or money order, please enclose it with this application. If you wish to pay by credit card, please enter the information below.*

Card to be charged \_\_\_\_\_ Visa                      \_\_\_\_\_ MasterCard

Your name exactly as it appears on your credit card \_\_\_\_\_

Card number \_\_\_\_\_ Expiration (mm/yyyy) \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Date \_\_\_\_\_

*Your signature authorizes the BCCB to charge the application fee to your credit card.*

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