

CCP Project / Client Verification Forms

Applicant Name: _____

The person named above is applying to the Building Certification Commissioning Board (BCCB) to be credentialed as a Certified Commissioning Professional (CCP). Please verify the information that has been provided below is accurate.

Project

Building Name: _____

City/ State/ County of Building Site: _____

Dates of Service: _____

Name/ Title of Reference: _____

Reference Phone: _____ Email: _____

Company/ Organization: _____

Address/ City/ State/ Zip: _____

Essential Work Scope Activities performed during project (check all that apply):

Activity			
<input type="checkbox"/>	Developed an OPR/CFR	<input type="checkbox"/>	Oversight of performance testing
<input type="checkbox"/>	Developed the commissioning plan	<input type="checkbox"/>	Corrected deficiencies
<input type="checkbox"/>	Reviewed building design document	<input type="checkbox"/>	Trained facility operators
<input type="checkbox"/>	Performed field verification	<input type="checkbox"/>	Prepared commissioning report

I have reviewed the Appendix B Project / Client verification Form provided by the applicant and confirm that the information is correct

Name of Reference (printed): _____

Signature: _____ Date: _____

You may be contacted by the BCCB to confirm and verify the information provided.

Please email this form to: certification@bcxa.org

Or mail:

BCCB

1600 NE Compton Drive, Suite 200

Hillsboro, OR 97006

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