



Recertification Application

Congratulations! You have made a decision to recertify for the Certified Commissioning Firm (CCF) credential.

Before completing this recertification application, please go to our website and download the Candidate Handbook. This Handbook provides a comprehensive explanation of the recertification process and eligibility requirements.

Recertification Applicants **MUST** review the appropriate recertification sections in the CCF Candidate Handbook in order to complete this application properly. The application contains five sections:

Section I. Applicant Information

Section II. Affirmations of Firm & CCF

Section III. Payment Information

Section IV. Recertification Checklist

Please ensure all sections of your application are complete. Please call 844.881.8601 with questions.

The application information is held in strict confidence according to the BCCB Privacy/ Confidentiality Policy as stated in the Candidate Handbook.



The BCCB does not discriminate in the participation in the CCF Certification Program and prohibits discrimination against its applicants, candidates, certified persons, employees, and volunteers on the bases of race, color, national origin, age, disability, sex, gender identity, religion, and where applicable, political beliefs, marital status, or sexual orientation.

Application Instructions

Applicants for recertification must meet the requirements described in Section I & II.

The address and contact information you provide on this application will be used for all BCCB correspondence, including the new CCF certificate.

The instructions and requirements on this application should be read in their entirety prior to submittal. Applicants submitting incomplete recertification applications will be notified one time in writing of the deficiencies, and provided 30 days to address issues as described. If the recertification application is not complete within the 30-day window, the BCCB will provide notification that the credential is revoked.

Failure to respond to the BCCB during this 30-day period will result in forfeiture of all recertification application fees and revocation. Please see the CCF Candidate Handbook for complete information.

Completed applications should be saved in a PDF format, using the following naming convention:

[Last_First_CCF_RECertApp.pdf](#).

Completed Applications may be submitted via email to certification@bcxa.org, or by mail to the BCCB offices by a traceable source. Applicants are responsible for saving a completed copy of the application.

This application can be used to maintain an existing certification only.

Please direct communications to:

Building Commissioning Certification Board

ATTN: Certification Manager
1600 NE Compton Drive, Suite 200
Hillsboro, OR 97006

844.881.8601 MAIN
503.747.2903 FAX

Certification@bcxa.org

www.bccbonline.org

This is a controlled document. If this document is printed it is uncontrolled and may not be the latest active version.

F105.CCF_Recertification-REV9.0-02.2018

SECTION I: Applicant Information

APPLICANT INFORMATION

Please provide the information below. The firm name should be written as it should appear on the certificate.

Date of application submission: _____

Firm Name: _____

Former Name (if applicable): _____

of Employees: _____ # of Employees Providing Cx Services _____ # of Branch Offices: _____

Does the Company Provide Commissioning Services Internally? Yes No

Approximate # of buildings commissioned per year: _____

Headquarters Mailing Address: _____

Telephone number: _____

Website address: _____

Is the firm a BCA Corporate Member? Yes No

Primary Contact Name: _____

Primary Contact Position/Title: _____

Primary Contact Email: _____

Primary Contact Phone: _____

Name(s) of CCF on Staff: _____

SECTION I: APPLICANT INFORMATION

To be recertified, the firm must have worked on two commissioning projects within the last year. The projects need not be complete. The BCCB may contact your reference to verify.

1. Project/building: _____

City: _____ State/Country: _____

Project Type: New Construction Existing Building Major Renovations

Current Project Phase: _____

Client: _____

Client Contact Name, Address, Telephone and Email: _____

Was the firm the lead commissioning provider on this project? Yes No

Use the space below to briefly describe the project and the firm's role:

SECTION I: APPLICANT INFORMATION

2. Project/building: _____

City: _____ State/Country: _____

Project Type: New Construction Existing Building Major Renovations

Current Project Phase: _____

Client: _____

Client Contact Name, Address, Telephone and Email: _____

Was the firm the lead commissioning provider on this project? Yes No

Use the space below to briefly describe the project and the firm's role:

SECTION II: Affirmations of Firm & CCF

AFFIRMATIONS

Read each of the following statements carefully and have a firm principal or another individual with authority sign and date. Have the CCF on staff sign and date the section below; if the firm employs multiple CCFs, select one. **If you cannot truthfully attest to all of the statements, your firm is not eligible to be recertified.** Please note that, should the BCCB determine that you have falsified any attestation, your application will be rejected and your certification may be revoked.

- 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.
- B. I certify that this firm has not filed for bankruptcy since being certified by this Board nor been convicted by any court, licensing board, or registration board of violating the law in conjunction with the performance of commissioning work.
- C. I affirm that the firm currently employs, full time, a minimum of one Certified Commissioning Professional (CCF) and understand that a CCF must be held on staff to maintain this certification. IF the CCF leaves the organization, I understand it is the firm's responsibility to notify the BCCB and provide information about how the firm will obtain a new CCF. The firm will not be eligible to renew the certification if a CCF is not on staff at the time of renewal and if a CCF is not identified within one (1) year of the renewal date the certification will be revoked.
- D. I understand that, once the BCCB processes and approves this application, the fee for this certification program is non-refundable.
- E. I understand that BBC certification is valid for a period of one (1) year. I understand that it is the firm's responsibility to demonstrate evidence of continued competence in the field of building commissioning at the time of recertification.
- F. 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 the firm's application, revocation of the firm's CCF certification, or other disciplinary action. I authorize the BCCB and its officers, directors, employees, and agents to review my application to determine whether I have met the BCCB's standards for certification.
- G. The firm indemnifies and holds harmless BCCB and their officers, directors, employees, agents, and assigned examiners from the decision made on my application as long as such decision was made in good faith and does not constitute gross negligence by BCCB or their officers, directors, employees, agents and/or assigned examiners.
- H. I affirm that the firm adheres to the BCxA's Best Practices (<http://www.bcxa.org/essential-attributes-of-building-commissioning/>) whenever providing commissioning services.

SECTION II: AFFIRMATIONS OF FIRM & CCF

- I. I acknowledge that I have read this application and BCCB's certification standards, and I understand that it will be the firm's responsibility to remain in compliance with all of BCCB's certification standards.

Signature _____ Date _____

Printed Name _____ Title _____

For Designated CCF:

- A. I acknowledge that I am the designated CCF as required for firm certification for the firm certification period, provided I remain employed at this firm. It is the firm's responsibility to notify the BCCB if my employment with the firm ends prior to the end of the certification period.
- B. I affirm that the firm has a program in place to ensure that all commissioning services executed by the firm, including services executed by remote offices of the firm, adhere to the Essential Attributes of Building Commissioning.
- C. I have reviewed this application and affirm that, to the best of my knowledge, the information provided is true and accurate.
- D. I recognize that my CCF designation, including my CCF renewal process, is independent of my firm's CCF certification.

CCF Signature _____ Date _____

Printed Name _____

SECTION III: Payment Information

PAYMENT INFORMATION

Please indicate your application fee choice below:

Check One	Category	Fee
<input type="checkbox"/>	Application received before certificate expiration	\$150
Late application charges. Note: If the application is received or postmarked after the recertification due date, the appropriate charge will be applied even if not checked here.		
<input type="checkbox"/>	Late application received within 60 days of certificate expiration	\$250
<input type="checkbox"/>	Late application received 61-120 days of certificate expiration	\$350
<input type="checkbox"/>	Late application received 121-364 days of certificate expiration	\$450
<input type="checkbox"/>	Late application received 365 days after certificate expires must reapply for certification.	N/A
Total Amount		

Applications that do not meet the minimum eligibility requirements after 1 (one) notification of an incomplete application and a 30-day grace period will be returned along with 50% of the application fee.

Failure to submit the full application fee in one of the acceptable formats listed below will result in the rejection of the CCF recertification application.

Payment must be made by credit card, cashier's check, money order, or company check. Please make all types of checks payable to the BCCB (NOT BCA). NO OTHER FORM OF PAYMENT—INCLUDING CASH—WILL BE ACCEPTED. We do not accept American Express and prefer payment by check or credit card.

If you are paying by check or money order, please mail it with this application. **Check Number:** _____

SECTION III: PAYMENT INFORMATION

Credit Card

If you wish to pay by credit card, please enter the information below.

Payment Method Visa MasterCard

Name as it appears on the card: _____

Card Number: _____ Expires (mm/yyyy): _____

Billing Address: _____

Billing City/ State/ Zip: _____

Signature of Cardholder: _____ Date: _____

Your handwritten or electronic signature authorizes the BCCB to charge the application fee to your credit card.

Please email your signed application to certification@bcxa.org or mail to:

Building Commissioning Certification Board
ATTN: Certification Manager
1600 NE Compton Drive, Suite 200
Hillsboro, OR 97006

SECTION IV: Recertification Checklist

RECERTIFICATION CHECKLIST

Use this checklist before sending your application to verify that you have completed the required steps and are submitting all required documentation. Include a copy of this completed checklist with your application.

- Completed Section I, providing all requested information.
- Read, answered and signed Section II. Affirmations of Firm and CCF.
- Saved a copy of this Application in PDF format with the proper naming protocol.
- Included payment or filled out the information for payment by credit card.