



## BPI Rating Program Application

Your application will not be considered unless all information is complete, signed, dated, and the application fee has been paid in full. Submit completed documentation to [Rater@bpi.org](mailto:Rater@bpi.org). You will receive notification for annual or auto-renewal via email.

**Please read through the BPI Rating Program Policies and Procedures prior to completing this application.**

**Please select which type of Rater you are applying as:**

<input type="checkbox"/>	BPI Rater Company
<input type="checkbox"/>	BPI GoldStar Contractor with Qualified Home Energy Score Assessor
Contractor ID #	

### Part 1 – Business Applying for BPI Rating Program Status – Physical Address

Legal Business Name *			
DBA or Division Name (if applicable – please include documentation with this application)			
FEIN # or Tax Payer ID # *			
Street Address *			
City *	State *	Zip *	
Country (if other than USA)			
Main Phone *	Ext	Fax	Ext

### Part 2 – Contact Information (mailing address if different than physical address)

Contact Name *			
Job Title *		Email *	
Street Address *			
City *	State *	Zip *	
Phone *	Ext	Fax	Ext
Cell Phone		Website	

### Part 3 – Insurance Information

**Please check the appropriate box(es) and include supporting documents**

- BPI Rater Company has General Liability Insurance in the amount of 1 million dollars. BPI Inc., 107 Hermes Rd., Suite 210, Malta, NY 12020 must be listed as a Certificate Holder.  
Expiration Date: \_\_\_\_\_
- BPI Rater Company has Workers Compensation Insurance. BPI Inc., 107 Hermes Rd., Suite 210, Malta, NY 12020 must be listed as a Certificate Holder.  
Expiration Date: \_\_\_\_\_
- BPI GoldStar Contractors – I attest that my company is in compliance with all BPI Insurance Requirements.
- I attest that under the laws applicable to my service area, I am not required to carry Workers' Compensation Insurance.

\*Please seek legal advice on the type of insurance coverage for your company.

**\*\*\*If your insurance document provided at the time of this application expires before your annual renewal date, you will need to submit the most current document to keep your BPI Rater Company active. If proof of continuous insurance is not provided, your BPI Rater Company will deactivate as of the date the insurance expires. Updated proof of insurance must be submitted to [Rater@bpi.org](mailto:Rater@bpi.org) at least thirty (30) days prior to expiration.\*\*\***

Part 4 – Additional Documentation	
Division Letter:	Please see template on page 7. Copy & paste onto your company letterhead.
Customer Dispute Resolution Policy:	Please see template on page 6. Copy & paste onto your company letterhead.
Rater Agreement & Code of Ethics:	This will be emailed for signature once your application has been reviewed. You will have five (5) business days to sign and return the Agreement to <a href="mailto:Rater@bpi.org">Rater@bpi.org</a> .
I attest my company has the necessary serviceable tools, equipment, and instruments available for conducting building performance contracting work and will complete the minimum Health and Safety standards according to BPI Standards when applicable.	

**Part 5 – Certifications**

- The following information is required to participate in the BPI Rating Program. Candidates may be asked to submit proof of certificate or ID card. Certification is subject to verification, and must be maintained in good standing.
- The BPI Rating Program requires that the Qualified Home Energy Score (HES) Assessor hold either the Building Science Principles (BSP) Certificate of Knowledge or one of the following BPI certifications (Building Analyst Professional, Envelope Professional, Energy Auditor, or Quality Control Inspector) or applies for provisional status below with alternate credentials.
- Alternate credentials that meet U.S. Department of Energy’s (DOE’s) minimum credentials for Home Energy Score Assessors will be considered for provisional status for one year, and can be listed in the space provided below.
- Candidates must also pass the DOE’s FREE Home Energy Score Assessor exams. Qualified HES Assessors in good standing are not required to re-take the Home Energy Score Assessor exams.
- Please note: A BPI Rater Company may oversee other certified professionals who serve as field technicians to collect in-home information, but the Qualified HES Assessor is responsible for completing ratings, for ensuring accurate data collection from all field technicians and for certifying that all processes and procedures are followed.

Please list those candidates that hold either the BSP Certificate or the listed active BPI certifications. If an active BPI certification, please list their Candidate ID #.

Individuals meeting DOE’s minimum credentials criteria for Home Energy Score Assessors, e.g. NATE, NARI, ASHI, RESNET, etc. and other credentialed raters may apply for provisional status under the alternate credential with affidavit and appropriate proof.



Complete the following information and check the certification(s) or certificate that apply:							
Name	BPI ID (if applicable)	Email	BA	Envelope	EA	QCI	BSP Certificate

Alternate Credential	
I am applying for provisional status as an alternately certified professional for my initial application.	
ID #	Certification issued by:
I have read, understood, and completed the affidavit of alternately certified professional and attest that I am in good standing with my current provider and will obtain an appropriate BPI certification of BSP certificate within one (1) year from the date my application is approved. Proof of current credential is included with this application.	

**Part 6 – Payments \*\*\*Application Fees are NON-REFUNDABLE\*\*\***

Make sure to save a copy of the application prior to selecting a “Buy Now” button, if paying via PayPal.

Please select one method below:

1. PayPal **please ensure your BPI ID # is entered in PayPal under the Shipping Address section on the pay now screen**			
BPI Rating Program Fees are *NON-REFUNDABLE*			PayPal Receipt No: (16-digits)
BPI Rater Company	\$200.00		
BPI GoldStar Contractor with Qualified HES Assessor	\$50.00		

2. Credit Card for BPI Processing		
Card Type:	Card Number:	
Expiration Date:	CVV (3 digit # on back):	
Card Holder Name:		
Billing Address:		
City:	State:	Zip:
Amount:		
Email:	Phone:	
Notes:		

3. Check		
Check #:	Amount:	Date Check was mailed:
Send Check along with this application to the address listed below.		

Part 7 – Release and Confirmation	
<input type="checkbox"/>	By checking this box, I am stating that I have read the <i>BPI Rating Program Policies and Procedures</i>
<input type="checkbox"/>	I understand that the fee accompanying this application is NON-REFUNDABLE
<input type="checkbox"/>	By submitting this document, I am authorized to represent the company listed above for the purposes of this agreement with BPI and the company will abide by the terms and conditions of the BPI Rating Program Policies and Procedures and BPI Rater Agreement.
<input type="checkbox"/>	I understand that there is an annual participation fee

I certify that all information in this application and the accompanying documentation is true and correct. I agree and acknowledge that a facsimile, photocopied or electronically scanned copy of my signature on this document will have the same force and effect as an original signature.

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Signature	Job Title	Date
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**Please submit this request with all supporting documentation required by mail, fax, or email**

Mail to:	Building Performance Institute, Inc. Attn: Rater Application 107 Hermes Rd., Suite 210 Malta, NY 12020
Fax to:	(518) 899-1622 or toll free (866) 777-1274 Attn: Rater Application
Email to:	<a href="mailto:Rater@bpi.org">Rater@bpi.org</a>

**\*\* This letter is not valid unless presented on company letterhead \*\***

**BPI RATER AFFIDAVIT for Alternate Credential**

**This affidavit must accompany the Application for New and Renewal for those applicants applying as Qualified HES Assessors under the Alternate Credentials section.**

**AFFIDAVIT OF** \_\_\_\_\_  
*Applicant Name*

I, \_\_\_\_\_ (applicant name), do hereby swear or affirm:

- 1. That I am a home energy rater in good standing.
- 2. That I am currently certified as a rater in the following rating system(s) (choose all that apply)
  - a. \_\_\_\_\_ RESNET,
  - b. DOE Home Energy Score with another partner (Partner Name: \_\_\_\_\_ )
  - c. Other: \_\_\_\_\_
- 3. That my rater provider is \_\_\_\_\_ (rating system provider) and the following contact information may be used for validation:
  - a. Provider: \_\_\_\_\_
  - b. Phone number: \_\_\_\_\_
  - c. Email address: \_\_\_\_\_
- 4. That I have been continually certified to perform home energy ratings since \_\_\_\_\_ (date);
- 5. I understand that if approve as a rater in the Building Performance Institute, Inc. (BPI) Rating System, I will have one year from the date of being granted provisional Qualified HES Assessor status to obtain an appropriate certification or BSP certificate listed below from BPI to maintain my Rater status:
  - a. Building Science Principles (BSP) Certificate of Knowledge
  - b. Building Analyst Professional
  - c. Envelope Professional
  - d. Energy Auditor
  - e. Quality Control Inspector

Upon completion of my BPI Certification of BSP certificate I must notify BPI in writing that I seek to be removed from provisional status and my application will be reviewed for completeness. If all items are in order, provisional status will be removed from my record and I will be notified of a change in status to a full BPI Qualified Home Energy Score Assessor.

**I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF, AND THAT ANY MISREPRESENTATIONS MAY BE USED AGAINST ME IN DISCIPLINARY OR LEGAL ACTIONS RELATED TO MY APPLICATION OR ACTIVITIES AS A BPI QUALIFIED HOME ENERGY SCORE ASSESSOR.**

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned Notary Public, do hereby affirm that \_\_\_\_\_ personally appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ and signed the above Affidavit as a free and voluntary act and deed.

\_\_\_\_\_  
Notary Public

**\*\* This letter is not valid unless presented on company letterhead \*\***

**Customer Issue Resolution Policy**

1. Customer complaints will be responded to by phone within 24-hours of receiving a complaint.
2. The customer shall be contacted directly by a Certified Professional or their Supervisor, depending on the nature of the complaint. Follow-up will not be left to administrative personnel.
3. Issues of an emergency nature shall be responded to immediately. Emergency repairs must be made immediately to ensure the safety of the client and the home. Emergency issues may include, but are not limited to any of the following: no heat calls in cold weather, suspected CO in the home, backdrafting of heating and/or DHW appliances, water leaks and/or broken pipes, no-cooling calls in very hot weather particularly for elderly clients.
4. Complaints shall be documented and included in the customer's file, including: the nature of the complaint, the name of the person responding to the complaint, the resolution of the problem, copies of all written correspondence related to the issue, and the dates and times of all client contact relating to the issue.
5. Follow up with complaints related to the quality of work, errors, omissions in construction or installation process and/or property damage shall include a site visit and inspection of the area in question. Photographs shall be taken of all areas identified in the complaint and kept on record in the client file.
6. Correction of improperly installed materials and repair of damaged property shall be completed based on mutual agreement of the client as determined by mutual agreement prior to completing the repair. Repairs that are completed prior to obtaining client approval may not be billed to the client.
7. All reasonable efforts will be made by the company to ensure a timely and fair resolution to all customers' issues.
8. In the unlikely event that a solution cannot be reached between contractor and the client, a standard arbitration process will be initiated. In an effort to avoid such an undesirable circumstance, the contractor will exhaust every reasonable measure to resolve the issue, including three attempts to achieve complete customer satisfaction.

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Signature of President or Representative

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Date

**\*\* This letter is not valid unless presented on company letterhead \*\***

**Division Letter Template**

**BPI RATER AFFIDAVIT**

**This affidavit must accompany the Application for New and Renewing BPI Rater Companies only for those applicants applying as a BPI Rater Company under a Division of.**

**AFFIDAVIT OF** \_\_\_\_\_  
*Applicant / Company Name*

I, \_\_\_\_\_ (applicant name), do hereby swear or affirm:

- 1. That my company, \_\_\_\_\_ (company name), will be operating a separate division for all of the rating work that my company contracts for.
- 2. That I am currently certified as a rater or employ raters in the following rating system(s) (choose all that apply)
  - a. \_\_\_\_\_ RESNET,
  - b. DOE Home Energy Score with another partner (Partner Name: \_\_\_\_\_ )
  - c. Other: \_\_\_\_\_
- 3. The name of the Division under the company listed above is:

\_\_\_\_\_  
Division name

**I SWEAR OR AFFIRM THAT THE ABOVE AND FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF, AND THAT ANY MISREPRESENTATIONS MAY BE USED AGAINST ME IN DISCIPLINARY OR LEGAL ACTIONS RELATED TO MY APPLICATION OR ACTIVITIES AS A BPI RATER COMPANY.**

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

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned Notary Public, do hereby affirm that \_\_\_\_\_ personally appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ and signed the above Affidavit as a free and voluntary act and deed.

\_\_\_\_\_  
Notary Public