



## BPI Test Center 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 [TestCenter@bpi.org](mailto:TestCenter@bpi.org). You will receive notification for annual or auto-renewal via email.

**The primary contact will receive all direct communications from BPI, unless otherwise specified.**

### General Information

Legal Business Name *		EIN # *	
DBA (if applicable – please include documentation with Test Center Application)			
Primary Contact Name *			
Job Title *		Email *	
Main Phone *	Ext	Other Phone	Ext
Fax	Ext	Website	

### Mailing Information

Street Address *			
City *		State *	Zip *
Country (if other than USA)			

### Authorized Signer Information

Authorized Contact Name (the person who has authorization to <u>sign the BPI Test Center Agreement</u> ) *			
Job Title *		Email *	
Phone *	Ext	Fax	Ext

### Invoicing Information

Invoicing Contact Name *			
Job Title *		Email *	
Street Address *			
City *		State *	Zip *
Country (if other than USA)			
Phone *	Ext	Fax	Ext
Cell Phone		Website	

### Web Information

(This is the information that will appear on the BPI website for candidates to contact you about testing)

Contact Name *			
Job Title *		Email *	
Street Address *			
City *		State *	Zip *
Country (if other than USA)			
Phone *	Ext	Fax	Ext
Cell Phone		Website	

**Please check and include a copy of all the documents listed to fulfill these requirements:**

- I certify that the insurance proof submitted with the Test Center application provides coverage for all areas where this BPI Test Center will conduct BPI Certification Exams. (Please provide a signed statement on your organization’s letterhead with the submission of this application.)
- Test Center 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: \_\_\_\_\_
- Test Center has Workers Compensation Insurance. BPI Inc., 107 Hermes Rd., Suite 210, Malta, NY 12020 must be listed as a Certificate Holder.  
Expiration Date: \_\_\_\_\_
- Check here if your Test Center is not required to carry Workers Compensation Insurance.

**\*\*\*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 Test Center active. If proof of continuous insurance is not provided, your Test Center will deactivate as of the date the insurance expires. Updated proof of insurance must be submitted to [TestCenter@bpi.org](mailto:TestCenter@bpi.org) at least 30 days prior to expiration.\*\*\***

Please list the initials of the state(s) or regions where you will be administering BPI Exams:

---

Your organization will be performing:    Online Exams             Field Exams

Is your organization IREC Accredited?    Yes     No   
(Please include proof of IREC Accreditation with Test Center Application)

Do you have IREC Certified Trainers?    Yes     No   
(Please include proof of Certified Trainers with Test Center Application)

Does your organization fall into one of the following categories?    Yes     No

If yes, which one(s)?

- Community College     University     Gov’t Agency     Not for Profit     Sole Proprietor   
Weatherization Assistance Program (WAP) Center

Please list the names of all BPI approved proctor(s) you will be using once this agreement is finalized: (You may add proctors at a later date or list those who are in process.)

---

**\*\*\*Please be aware that your organization will *not* be listed on the BPI website until you have active BPI approved Proctors that can administer the BPI Certification Exams\*\*\***

Select which BPI Certifications the field proctors(s) currently hold:

- Building Analyst     Envelope     Heating     AC & Heat Pump     Manufactured Housing   
Multifamily Building Analyst     Multifamily Building Operator   
Residential Building Envelope – Whole House Air Leakage Control Installer (RBE-WHALCI)   
Energy Auditor     Quality Control Inspector     Retrofit Installer Tech     Crew Leader   
Infiltration and Duct Leakage

**Separation of Training and Exam Activities:** *The BPI Test Center shall demonstrate to BPI and candidates how any training it provides is independent of the evaluation and certification of the candidates that are being trained, if the BPI Test Center carries out written testing and field evaluation activities on behalf of that BPI certification. This is to ensure that confidentiality and impartiality are not compromised so that BPI, as the certification body, can conform to the requirements of ISO-17024: [ISO/IEC 17024:2012(E), Section 5.2].”*


*BPI shall not provide training to candidates in preparation for certification, to maintain a clear separation of training and examination activities in accordance with ISO-17204 requirements.*

I have read and acknowledge the above statement and agree to abide by these requirements in order to maintain my organization’s status as a BPI Test Center.

I understand the application fee is non-refundable. I have read the Policies and Procedures for BPI Test Centers and agree to all of the terms and conditions set forth in this document to be found at [www.bpi.org](http://www.bpi.org). I certify that all information included in this application and accompanying documentation is true and correct and I am authorized to obligate the organization to this agreement.

Signature	Job Title	Date
-----------	-----------	------

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

<b>BPI Test Center Application Fees can be remitted via one of the following methods:</b> **Please ensure your Test Center Name is entered in PayPal under the Shipping Address section on the pay now screen** ***Application Fees are NON-REFUNDABLE***		
<b>Check via Standard US Mail:</b> Building Performance Institute, Inc. 107 Hermes Road, Suite 210 Malta, NY 12020 Attn: Test Center Development	<b>Credit Card Payment via phone:</b> (877) 274-1274 Extension 292	<b>**PayPal:</b> <div style="text-align: center; margin: 5px 0;">  </div> <b>PayPal Receipt No (16-digits):</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>



# BPI Test Center Application Checklist

Please initial, date and submit this checklist with completed documents.

## REQUIRED READING PRIOR TO SUBMISSION:

### INITIALS

- \_\_\_\_\_ 1. READ EMAIL OUTLINING TEST CENTER PROCESS
- \_\_\_\_\_ 2. READ TEST CENTER POLICIES AND PROCEDURES
- \_\_\_\_\_ 3. READ PROCTOR POLICIES AND PROCEDURES

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

- \_\_\_\_\_ 1. Do you understand all of the Test Center services and duties required by BPI?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 2. Have you received/reviewed the procedures for **online** exams?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 3. Will you offer BPI **online** exams?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 4. Do you have internal staff (existing proctor) approved by BPI to conduct **online** exams?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO  
 If no, do you have a designee that will be oriented?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 5. Have you received/reviewed the procedures for **field** exams?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 6. Will you offer BPI **field** exams?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 7. Do you have internal staff approved by BPI (existing proctor) to conduct **field** exams?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO  
 If no, have you scheduled an exam or an orientation through BPI or other BPI approved proctor mentor?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 8. Do you want your Test Center information listing on the BPI website with a link to your scheduled exam dates?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 9. Do you have access to online exam facilities per Test Center Agreement/Policies and Procedures?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 10. Do you have access to field/lab facilities per Test Center Agreement/Policies and Procedures?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO
- \_\_\_\_\_ 11. Do you have access to building performance test equipment per Test Center Agreement/Policies and Procedures?  
 \_\_\_\_\_ YES      \_\_\_\_\_ NO

**DOCUMENTS/PAYMENT REQUIRED WITH APPLICATION SUBMISSION:  
PLEASE REFER TO THE APPENDICES IN THE *Test Center Policies and Procedures***

1. CHECK LIST FOR DOCUMENT SUBMISSION – **Appendix B** – (This is not the Test Center Application) – needs to be initialed, signed and dated
2. [TEST CENTER APPLICATION](#); INCLUDING DBA IF APPLICABLE
3. TEST CENTER FEE PAYMENT OF \$500.00 (NON-REFUNDABLE)
4. LIABILITY INSURANCE PROOF AS OUTLINED IN LETTER – **Appendix C**
5. WORKERS' COMPENSATION INSURANCE PROOF AS OUTLINED IN LETTER *or* STATEMENT ON LETTERHEAD THE WC IS NOT REQUIRED
6. LETTER CONFIRMING THAT INSURANCE PROVIDES COVERAGE FOR ALL AREAS WHERE BPI TESTING WILL BE HELD – **Appendix D**
7. DISCLOSURE FORM AND DISPUTE RESOLUTION POLICY – **Appendix E**
8. [PROCTOR APPLICATIONS AND CODES OF ETHICS](#), IF SUBMITTING WITH TEST CENTER APPLICATION – See *Proctor Policies and Procedures* – depending on the designation that the proctor will conduct exams for – please include all appropriate appendices.
9. PROCTOR FEE OF \$360.00 PER PROCTOR (NON-REFUNDABLE)
10. PROCTOR BIOGRAPHY OR RESUME
11. PROCTOR JPEG PHOTO renamed with proctor's name SUBMITTED

REVIEWED PRIOR TO SUBMISSION BY: \_\_\_\_\_

SUBMISSION DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

***Please make sure to check your file sizes when submitting application pieces via email! If the file exceeds 10MB, you will need to zip the file to see if you can make it smaller, break up lengthy PDF files, or send several emails with fewer attachments on them. Always try to request a read receipt or follow up with a separate email to make sure that your application was transmitted successfully.***