



Application for BPI Certification Renewal

Your application will not be considered unless all information is completed, signed, proof of experience is attached and dated. **Please read the [BPI Certification Renewal Policies and Procedures](#) to see if you are eligible before applying. *Note: Proctors please login to your [Proctor Account](#) to view the Certification Renewal Requirements.**

Candidate Information (all information in this section is required)

Name:	BPI ID#:	
Address:		
City:	State:	Zip:
Phone:		
Email:		

Employer Information (*If self-employed, this section still needs to be completed.)

Business Name:		
Business Address:		
City:	State:	Zip:
Phone:		
Email:	Website:	

Please indicate which certification designation(s) this application covers:

***If you are renewing a BA or ENV to the BA-T and/or BA-P certifications, please indicate which certification you would like to renew to and the expiration date(s) of the BA or ENV in the Expiration Date column for those certifications.**

Professional Certification(s)	Expiration Date
Core Certifications	*BA & ENV are no longer eligible to be renewed
Heating	
A/C and Heat Pump	
Manufactured Housing	
Building Analyst Certifications	
Building Analyst Technician (BA-T)	
Building Analyst Professional (BA-P)	
Multifamily Certifications	
Multifamily Building Analyst	
Multifamily Building Operator	
Primary Certifications	
Air Leakage Control Installer (ALC)	
Infiltration & Duct Leakage (IDL)	
Advanced Certifications	
Healthy Home Evaluator (HHE)	
Quality Control Inspector (QCI)	

Certain information may be released to (please indicate each item applicable below):

Authorization To Release Information:			
	Indicate Name of Each	Yes	No
Employer on Application:			
Test Center:			
Program Implementer:			
Training Provider:			
*Consumer Public:	N/A	✓	N/A

**Authorized with Certification (as detailed below)*

By earning a BPI credential, I consent to give BPI permission to respond to consumer public queries about my certification status and make available, via a search tool on www.bpi.org, certain information including: Full Name, City/State of Employment, Certification Number, Expiration Dates, and Designations earned. By completing the additional Authorization sections above, I authorize the Building Performance Institute, Inc. to release certain additional information only to those specifically indicated above (not including the consumer public): Pass/Fail Results, Notices of Certification Renewal, and Accumulated Continuing Education Units.

OPT OUT: Certified Professionals will have their company name, city, state, telephone number, and email address listed on the BPI website unless this box is checked. If you do not complete the Employer Information section on the front page of this application, your listing will not appear.

I understand that BPI may, at its discretion, post or remove the consumer public information on www.bpi.org. BPI is not authorized to post or disseminate any other information beyond that stated, such as employer, home address, or telephone number.

The consumer public authorization shall remain in effect as long as BPI maintains records about certification. The special authorization shall remain in effect until BPI receives and acknowledges written notification withdrawing the authorization. The special authorization is completely voluntary and may be withdrawn. BPI does not condition award of your certification on receiving this special authorization. However, some programs may require release of this information in order to process or receive incentives, or for participation in their programs. This is not a BPI requirement.

Credential holders who change their address or employment are responsible for notifying BPI of these changes and verifying the changes have been updated after notice. BPI reserves the right to suspend an individual's certification credential when the holder does not notify BPI of changes.

The proctor for your online exam may be subject to a Quality Assurance visit by either a BPI staff member onsite or a video recorded exam session to ensure BPI policies and ANSI/ISO requirements are met and testing remains equitable. This evaluation is of the proctor, not the test taker, and will not interfere with your exam. BPI conducts these visits to the benefit of both the test taker and the proctor.

Consent to Use Name and Likeness in Videotapes for Proctor Training Purposes

I grant the Building Performance Institute, Inc. ("BPI"), its agents and representatives permission to videotape me, audio record my conversations, and take photographs of me in connection with BPI written and field testing (the "Content").

For proctor training, I grant BPI, its agents, representatives, transferees, assigns and licensees a royalty-free, non-exclusive, perpetual, worldwide right to use, copy, display, exhibit, publish, distribute, reproduce, adapt, modify, edit, create derivative works, re-use, re-publish, re-distribute or otherwise make any use of the Content and my first name for any lawful purpose, including but not limited to use as a training material, advertising, marketing, and promotional materials, and in any manner, form, format or media now known or later developed, including but not limited to, the Internet, television, radio, print media, phone-based services and digital-based services.

I understand and agree that I will not be paid for any use of my first name, the Content, or for any of the rights granted in this document.

I waive any right to inspect or approve the use of the Content or the use of my first name now or at any time in the future.

I acknowledge that BPI may, in its sole discretion, choose to not use, or discontinue its use of, the Content or my first name now or at any time in the future.




I am eighteen (18) years of age or older. I am not subject to any restrictions, contractual or otherwise, that would prohibit me from signing this document or preclude BPI from exercising the rights and privileges I have granted to them.

Payments – Certification Renewal Fees are NON-REFUNDABLE

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

Fees listed below pertain to one certified professional. There is not a group rate.

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**		
Certification Renewal Fees *NON-REFUNDABLE*		
One Certification	\$300.00	
Two Certifications	\$400.00	
Three or more Certifications	\$500.00	

2. Credit Card Payments
 Credit card payments can be processed through PayPal as a guest if you do not have a PayPal account. If you have any issues with PayPal, you may call our Finance Department at (877) 274-1274 ext. 115 to pay via credit card over the phone.

3. Check

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

I certify that all information in this application and the accompanying documentation is true and correct. Further, I have read and understand the *Consent to Use Name and Likeness in Videotapes for Proctor Training Purposes*. 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.

By signing this document, I agree that I have read and understand the [Certification Renewal Policies and Procedures](#) that is located at www.bpi.org.

Certified Professional Signature _____ **Date** _____

Please Submit this Request with all supporting documentation required by mail, fax, or email

Mail to:	Building Performance Institute, Inc. 63 Putnam Street, Suite 202 Saratoga Springs, NY 12866
Fax to:	(518) 899-1622 or toll free (866) 777-1274
Email to:	recertification@bpi.org

Template to Prove Experience and/or Training (BA-T only)

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

Date:

Practitioners and/or Trainers

This letter is to verify that _____ has completed a minimum of 1000 hours of relevant experience and/or conducting whole-house field training within the past three years related to the designation(s) being renewed.

By signing this document, you are attesting that the information provided on this form is true and accurate to the best of your knowledge and the stated applicant's participation in the task(s) or job functions as described above are true and correct.

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date: _____

Practitioners Template to Prove Experience

(HEAT, A/C HP, MH, Multifamily, IDL, and ALC certifications)

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

Date:

Practitioners

This letter is to verify that _____ has completed _____ hours of relevant experience within the past three years related to the designation(s) being renewed.

By signing this document, you are attesting that the information provided on this form is true and accurate to the best of your knowledge and the stated applicant's participation in the task(s) or job functions as described above are true and correct.

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date: _____

Trainers Template to Prove Experience

(HEAT, A/C HP, MH, Multifamily, IDL, and ALC certifications)

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

Date:

Trainers

This letter is to verify that _____ has delivered a minimum of 100 hours of training with content relevant to house-as-a-system within the past three years.

By signing this document, you are attesting that the information provided on this form is true and accurate to the best of your knowledge and the stated applicant's participation in the task(s) or job functions as described above are true and correct.

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date: _____

Trainers Template to Prove Experience (HHE only)

*Letter below is needed only if a Trainer does NOT have 24 relevant CEUs

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

Date:

Trainers

This letter is to verify that _____ has delivered a minimum of 150 hours of training with content relevant to healthy homes within the past three years.

By signing this document, you are attesting that the information provided on this form is true and accurate to the best of your knowledge and the stated applicant's participation in the task(s) or job functions as described above are true and correct.

Supervisor Name: _____

Supervisor Title: _____

Supervisor Signature: _____ Date: _____

BPI Candidate Recertification Checklist

<input type="checkbox"/>	Application completed, signed, dated and submitted to BPI prior to expiration date(s)
<input type="checkbox"/>	Certifications being renewed are active
<input type="checkbox"/>	CEU's are in Candidate Portal or online exam(s) are completed (if applicable)
<input type="checkbox"/>	Proof of experience is attached or field exam(s) are completed (if applicable)
<input type="checkbox"/>	Payment submitted (PayPal, Credit Card or Check)