

Attachment II

Application for the “Certified Passive House Designer/Consultant” Examination

Rheinstr. 44/46
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Darmstadt
mail@passiv.de



A1 – Personal details for the certification process:		Male. <input type="checkbox"/> Female <input type="checkbox"/>
Family name	<input type="radio"/> <input type="checkbox"/>	
Given name	<input type="radio"/> <input type="checkbox"/>	
Nationality	<input type="radio"/>	
Street, number (private)	<input type="radio"/>	
Postal code, city (private)	<input type="radio"/>	
Country	<input type="radio"/>	
Telephone number (private)	<input type="radio"/>	
Email address (private)	<input type="radio"/>	
Title	<input type="radio"/> <input type="checkbox"/>	
Profession	<input type="radio"/> <input type="checkbox"/>	

A2 – Details for publication on the website by the Passive House Institute and for the certificate:		
Company name	<input type="checkbox"/>	
Street, number	<input type="radio"/> <input type="checkbox"/>	
Postal code, city	<input type="radio"/> <input type="checkbox"/>	
Country	<input type="radio"/> <input type="checkbox"/>	
Telephone number		
Email, (direct contact only)	<input type="radio"/> <input type="checkbox"/>	
Website		
iPHA / iPHA Affiliate (as listed on www.passivehouse-international.org) member?	<input type="checkbox"/>	<input type="checkbox"/> Yes, iPHA only <input type="checkbox"/> No
		<input type="checkbox"/> Yes, through the following iPHA Affiliate: _____

A3 – I hereby apply for the “Certified Passive House Designer/Consultant” Certificate to be issued by the Passive House Institute and to be listed, for a period of five years, on the respective internet database.

- By signing this document, I acknowledge the Examination Regulations as of 01 July 2011.
- In particular, I acknowledge that the final marking of the written examination (carried out by the Passive House Institute) shall be final and binding.
- I affirm that the information provided above is correct.
- I have paid or intend to pay the examination fees as set out in the Examination Regulations.
- I affirm that the documents provided by me constitute my own intellectual property.

Place, date:	Signature:
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A4 – I hereby consent to the publication and distribution of my details as described below:

- The examination body shall forward the original version of this application as well as an electronic version of the data it contains to the Passive House Institute, where this data will be stored for internal use.
- The information marked with shall be published on the website intended for this purpose by the Passive House Institute.

Place, date:	Signature:
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B – To be completed by the examination body	
Recommendation Designer or Consultant	Place and date of examination:
Recommended profession on the website	Examination body:

C - To be completed by the Passive House Institute		
Designer or Consultant	Included on website	Certificate sent