



SUFFOLK COUNTY DEPARTMENT OF LABOR, LICENSING & CONSUMER AFFAIRS

P.O. Box 6100, Hauppauge, NY 11788-0099 (631) 853-4600 FAX (631) 853-4825

HOME ENERGY AUDITOR REGISTRATION APPLICATION

Any person who provides, or who advertises to the public the service of providing, a home energy audit in Suffolk County must register with the Department of Labor, Licensing & Consumer Affairs and provide proof that they meet the standards necessary to provide home energy audits. Registration shall be valid for a period of three (3) years. Upon the expiration of registration, any person continuing to provide home energy audits shall re-register and provide proof that they continue to meet all necessary standards to provide home energy audits. Note: At least one (1) registered home energy auditor must be present at any home energy audit conducted in Suffolk County.

Please Print – Answer All Questions

APPLICANT NAME: LAST _____ **FIRST** _____ **M.I.** _____

DATE OF BIRTH: ___/___/___ **SOCIAL SECURITY #:** _____

Privacy Act Statement

Pursuant to the Federal Privacy Act of 1974, as amended, the disclosure of Social Security numbers for applicants is mandatory and is required by 42 USCS § 666(a)(13), New York State General Obligation Law § 3-503, and Suffolk County Law § 563.5 and/or SCC 239, and/or sec 275-3A, and/or SCC 313-18A, and/or SCC 361-3A and/or SCC 391, and/or SCC 460-5, and/or SCC 483. Such numbers disclosed on the application are requested for the administration of Title IV-D of the Social Security Act (Child Support Enforcement Act) and related provisions of State law. Such numbers will be used by the Department of Labor, Licensing, & Consumer Affairs to facilitate application processing and to maintain a uniform system of identifying applicants.

HOME ADDRESS: _____

TOWN: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **EMAIL:** _____

CELL PHONE: _____ **FAX:** _____

BUSINESS NAME(S): _____

BUSINESS ADDRESS: _____

TOWN: _____ **STATE:** _____ **ZIP:** _____

BUSINESS PHONE: _____ **FAX:** _____

EMAIL: _____

Type Business

___ Corporation ___ Partnership ___ Sole Proprietorship ___ Other

1. Federal Tax ID Number _____

2. Worker’s Compensation Number _____

3. NYS Sales Tax Registration Number _____

**ATTACH
CURRENT
PASSPORT
PHOTO**

Date of Photo _____

I am accredited to perform home energy audits by the following organization(s). Check all that apply.

___ Building Performance Institute (BPI) ___ Residential Energy Services Network (RESNET)

___ Home Energy Rating System (HERS)

___ American Society for Heating, Refrigerating and Air-Conditioning Engineers

___ Other State/Federal Certifying Entity (Name) _____ ___ Licensed Architect/Engineer

DECLARATION (To be completed by Applicant):

I declare under penalties of the Penal Law, Sec. 175.35, that I prepared this application and that the statements contained herein are, to the best of my knowledge and belief, true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith.

Signed _____ Date _____