



CCPC

Canadian Council of
Professional Certification

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WIND ENERGY APPLICATION FORM

APPLYING FOR:		
NAME	Surname	First Name
HOME ADDRESS	Street	City
	Province	Postal Code
BUSINESS	Name	
ADDRESS	Street	City
	Province	Postal Code
TELEPHONE	Home	Business
E-MAIL	Home	Business

FORMAL EDUCATION

State highest level obtained and year of graduation and any degrees/diplomas obtained.

<u>Year</u>	<u>Level</u>	<u>Institution</u>

List any/all courses completed that are applicable to this application for certification.

<u>Year completed</u>	<u>Description of course</u>	<u>Institution</u>

WORK EXPERIENCE		
PRESENT POSITION	Title	
	Length of Time in this position	Number of employees supervised/managed
	Type of Business	

PREVIOUS EXPERIENCE					
<i>List most recent positions and experience as it relates to the Certification you are requesting.</i>					
From	To	Title	Employer	Type of Business	Number of Employees Supervised

If you are currently enrolled in further education, please complete the following

Name of University, College or Institution	
Address	Street City
	Province Postal Code
Faculty/Department	Course(s)

RELATED DATA	
<i>Please provide data on any other position held or experience gained which is considered necessary to establish the grade of certification to which you are entitled. Examples are: Consulting, lecturing, Voluntary Offices, held, Management, Technical or Scientific Papers printed or presented. (Add additional pages if required.)</i>	
Date	Signature

This application must be accompanied by the appropriate forms and registration fee. Please make cheque or money order payable to the Canadian Council of Professional Certification. Do not send cash. A receipt will be issued upon receipt of payment. Please advise us of a change of address.

To pay by Credit Card, indicate card type: Visa Master Card American Express

Card #: _____ Expiry: _____

Name on Card: _____ (Pls print)

Authorizing Signature: _____

Any information provided on this application is for use of the Canadian Council of Professional Certification for certification purposes only.

APPENDIX: To assist the Council in preparing an appropriate insurance program for Certified Renewable Energy Professionals, we ask you to complete the following:

INDEPENDENT BUSINESS and/or CONSULTING EXPERIENCE	
PRESENT or PREVIOUS INDEPENDENT BUSINESS	TYPICAL WORK PERFORMED BY YOUR BUSINESS OR CONSULTANCY:
	TYPES OF CLIENTS OR CUSTOMERS OF YOUR BUSINESS OR CONSULTANCY :
	REVENUES FOR LAST 12 MONTHS: <input type="checkbox"/> < \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000 PROJECTED REVENUE FOR NEXT 12 MONTHS: <input type="checkbox"/> < \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> >\$250,000
	PERCENTAGE OF REVENUE DERIVED FROM WORK IN CANADA: _____ . USA: _____ . EUROPE: _____ . OTHER: _____ .

DETAILS OF ANY LIABILITY INSURANCE LOSSES, INCLUDING FOR PROFESSIONAL NEGLIGENCE				
Date	Details of loss or claim	Amount of claim or loss	Plaintiff	Insurance companies involved

DETAILS OF ANY INSURANCE COVERAGE PRESENTLY PURCHASED OR IN FORCE			
Expiry Date	Type of Coverage (e.g. General Liability, Errors & Omissions, Property Insurance, or Commercial Auto)	Amount of coverage per occurrence or overall	Insurance companies involved

Any information provided on this Appendix will be treated in a Confidential manner by the Canadian Council of Professional Certification for development of a group insurance program only. Completion of this Appendix does not by itself constitute an application for insurance.

Date	Signature
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