



BOC COMPETENCY CREDITS BOMI INTERNATIONAL GRADUATES



This application form applies only to BOMI International graduates who wish to receive competency credits for eligible BOC classes. Application process determines eligibility and award of competency credits to applicant. Course Fees are non-refundable.

PLEASE COMPLETE ALL THAT APPLY

- I would like to receive competency credits for the four BOC classes: Energy Efficient Operation of Building HVAC Systems, HVAC Controls Fundamentals, HVAC Troubleshooting and Maintenance, HVAC Controls and Optimization. Price for the four competency classes is \$300.
- I verify that I am a BOMI International graduate. (Submit a copy of your designation certification with this application form. A letter of verification from BOMI's Customer Development Team, email: service@bomi.org, can be requested if you have not received your designation certification.)

GENERAL INFORMATION

Address: Home Business

Applicant's Name _____

Company Name _____

Mailing Address _____	City _____	State _____	ZIP _____
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Phone _____	Fax _____	E-mail _____
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Supervisor's Name _____ Phone _____

Supervisor's E-mail _____ Are you a U.S. Veteran? Yes No

Are you interested in pursuing further BOC training and certification? Yes No

INDUSTRY SECTOR *(Check one that applies)*

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> College/University | <input type="checkbox"/> Government (federal) | <input type="checkbox"/> Government (state) | <input type="checkbox"/> Government (city/county) |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> K-12 School | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Military | <input type="checkbox"/> Retail | <input type="checkbox"/> Property Management | <input type="checkbox"/> Other (describe) _____ |

PAYMENT METHOD

Credit Card (preferred payment method) Visa MC AMEX Purchase Order Check enclosed (payable to NEEC)

Card #: - - -

Total \$ _____ Expiration Date: _____ CVV # _____

Credit Card Printed Name: _____ Signature: _____

Submit completed form with payment and required documentation to:

BOC Program, NEEC • 605 1st Ave., Suite 401 • Seattle, WA 98104 or via email bocinfo@theboc.info

Questions? E-mail: BOCinfo@theBOC.info