

Dunwoody College of Technology  
 Attn: Kris Caldwell – Custom Training  
 818 Dunwoody Boulevard  
 Minneapolis, MN 55403

## Application for Residential Energy Auditor Competency Exam

<b>Last Name</b>	<b>First Name</b>	<b>Is this a retest of a failed exam?</b>	
		YES	(Circle One) NO
<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip Code</b>	
<b>eMail Address (your exam date confirmation will be emailed to you if you have a valid email address, otherwise a confirmation will be sent to you via US mail.)</b>			
<b>Area Code and Phone Number</b>	<b>Exam Date Choice #1</b>	<b>Exam Date Choice #2</b>	
<b>Please indicate which test you are taking:</b>			
<i>Please Note: There is a 10 day waiting period between retests.</i>	Opt Out ** (For Qualified Professionals) <input type="checkbox"/> (Fee \$50.00) Opt Out Retest <input type="checkbox"/> (Fee \$50.00, Limited to 1 Retest) Test with Class <input type="checkbox"/> (Free) Retest with Class <input type="checkbox"/> (Fee \$25.00, Limited to 1 Retest)		

### Payment Information:

Accepted forms of payment are credit card or check. Please make checks payable to Dunwoody College of Technology.

**Form of Payment:** \_\_\_ Credit Card (see below) \_\_\_ Check (enclose with application)

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Name on Credit Card:

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Billing Address (if different than applicant's address)

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Credit Card Type (Circle One): Visa    Mastercard    Discover    AmEx

Credit Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Amount \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

**\*\* Opt Out Exam: In accordance with the requirements set forth by the State of Minnesota, in order to be eligible to complete the Opt-Out Exam, you must be able to provide evidence of one of the following:**

- I. 3 years of auditor experience; or**
- II. Prior certification by the Building Performance Institute as a Certified Building Analyst and 1 year of auditor experience; or**
- III. Prior certification by the Residential Energy Services Network as a RESNET Accredited Rater and 1 year of auditor experience.**

By signing below you agree that all information you have provided is correct and that you meet the minimum requirements as stated above if you are applying to take the Opt-Out exam.

Signature of Applicant	Date

This project was made possible by a grant from the U.S. Department of Energy and the Minnesota Department of Commerce.

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### Consent for Release of Information

By signing this form, you are providing your consent for Dunwoody College of Technology to share information and/or records with the agencies and/or persons listed below. Without your consent, we cannot release information to any agency or individual.

*Agency to obtain information to/from:*

#### **Minnesota Department of Commerce, Office of Energy Security**

85 – 7<sup>th</sup> Place East, Ste 500, St. Paul, MN 55101

phone: 651-296-5175 website: [www.commerce.state.mn.us](http://www.commerce.state.mn.us) email: [energy.info@state.mn.us](mailto:energy.info@state.mn.us)

**IMPORTANT: By signing this consent form, you are allowing the Minnesota Department of Commerce, Office of Energy Security to post your information on a public website for the purposes of searches for qualified Residential Energy Auditor individuals.**

#### **Dunwoody College of Technology**

818 Dunwoody Boulevard, Minneapolis, MN 55403

phone: 612-381-3098 website: [www.dunwoody.edu/custom](http://www.dunwoody.edu/custom) email: [custom@dunwoody.edu](mailto:custom@dunwoody.edu)

**IMPORTANT: By signing this consent form, you are allowing Dunwoody College of Technology to post your information on a public website for the purposes of searches for qualified Residential Energy Auditor individuals.**

Participants Name: \_\_\_\_\_

Information to be released – initial the box that applies:

Release my records which will include:  Do Not Release My Records

- My Contact Information
- My Competency Test Results (pass/fail only)

Information provided will be used primarily for electronic directory purposes to alert potential consumers of my qualifications.

I give my consent to Dunwoody College of Technology to share information in my file. My signature on this document acts as a waiver of any claim I might assert against Dunwoody College of Technology for any action that may result from the release of that information to the parties listed above.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_