



**INDEPENDENT THIRD PARTY ENERGY TECHNICIAN REGISTRATION FORM**

To register as an Independent Third-Party Energy Technician, complete and present this form in person with valid photo identification.

**TECHNICIAN INFORMATION**

Name: \_\_\_\_\_ Driver's Lic. No. \_\_\_\_\_ State: \_\_\_\_\_  
Address (No P.O. Box): \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**BUSINESS OR COMPANY INFORMATION  
(IF ANY INFORMATION IS DIFFERENT)**

Company's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Business Address (No P.O. Box): \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

**PROVIDER INFORMATION  
(IF TECHNICIAN IS, OR WORKS UNDER SUPERVISION OF HERS RATER OR PROVIDER)**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Business Address (No P.O. Box): \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Signature: \_\_\_\_\_

**CERTIFICATION**

**Check one as  
Appropriate**

**Type of Certification**

**Certificate Number**

- Home Energy Rating System/Certified Home Energy Rater \_\_\_\_\_
- Home Energy Rating System/Certified Field Inspector \_\_\_\_\_
- Building Performance Institute/Certified Building Analyst \_\_\_\_\_

**ACKNOWLEDGEMENT**

I am trained and certified to perform leakage testing for residential energy efficiency. I attest that I am not affiliated with a builder or construction company and that I perform diagnostic testing (blower door, duct blaster) as an independent third-party agent. I understand that the City of Houston will confirm my status as a rater through my provider.

I acknowledge that the City requires only leakage testing for new residences. I understand there is no requirement to rate the entire structure but only to perform the duct blaster and/or blower door tests as applicable for the energy code compliance method used. Results shall be provided with volume calculations, targets, and actual performance.

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

**FOR OFFICE USE ONLY**

Energy Testing Technician's Registration No. : \_\_\_\_\_ Expiration Date: \_\_\_\_\_