ILLINOIS STATE BOARD OF EDUCATION

School Business and Support Services Division 100 North First Street, N-330 Springfield, Illinois 62777-0001

ENERGY CONSERVATION CODE TRAINING AND EXPERIENCE FORM

Directions: Check appropriate box and submit at least one of the fol	llowing:	
Evidence of licensure as a design professional or a structure	al engineer, <i>or</i>	
Evidence that the individual holds a bachelor's degree in training or experience in one of those fields or project mana		ruction with at least 1,000 hours of
Evidence that the individuals holds a bachelor's degree in 2,000 hours of training or experience in architecture, engine	eering, construction, or project mana	gement, <i>or</i>
Written certification of at least 4,000 hours of training or maintenance of commercial buildings for compliance with a		
EMPLOYER NAME	JOB TITLE	
ADDRESS (Street, City, State, Zip Code)	DATES OF EMPLOYMENT to	
	mm/yyyy mm/yyyy BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
EMPLOYER NAME	JOB TITLE	
ADDRESS (Street, City, State, Zip Code)	DATES OF EMPLOYMENT to to	
	BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
hereby certify that the information submitted above is true and	 d valid and I understand that the	State Superintendent may deny or
evoke my approval for falsifying information.		
Signature of Applicant: Date:		