



City of Galveston - Building Division

P.O. Box 779

Galveston, Texas 77553

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City of Galveston

INDEPENDENT THIRD-PARTY TECHNICIAN REGISTRATION FORM

TECHNICIAN INFORMATION

Name: _____ Drivers 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 No: (____) _____

Business Address (No P.O. Box) _____ Fax: No: (____) _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

PROVIDER INFORMATION

(if technician is, or works under supervision of HERS rater or provider)

Name: _____ Phone No: (____) _____

Business Address (No P.O. Box) _____ Phone No: (____) _____

City: _____ State: _____ Zip Code: _____ Email Address: _____

CERTIFICATION

Check one as Appropriate	Type of Certification	Certificate Number
<input type="checkbox"/>	Home Energy Rating System/Certified Home Energy Rater	_____
<input type="checkbox"/>	Home Energy Rating System/Certified Field Inspector	_____
<input type="checkbox"/>	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 Galveston will confirm my status as a rater through my provider.

I acknowledge that the City requires only leakage testing for new residences and additions of 500 square foot or more. 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 OFFICIAL USE ONLY

Energy Testing Technicians registration No: _____ Expiration Date: _____