

# Modular Certifier Application

I, (Name of Certifier) \_\_\_\_\_ hereby assert that I meet or exceed all required capabilities and qualifications to provide plant certification services under the ENERGY STAR Modular Home Program as indicated by completing the information on this form. In addition, I hereby state that I do not have financial interests in any factory home producer or builder, nor do I provide services that might affect my capacity to evaluate compliance with the ENERGY STAR program and render reports of findings objectively and without bias. Other persons performing services related to ENERGY STAR under my authority also meet these requirements.

Signature of Authorized  
Company Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Modular housing design, construction and installation methods

*(Must check all boxes below)*

- Working knowledge of the residential building codes
- Working knowledge of the plant production processes
- Working knowledge of modular home design approval and inspection process
- Knowledge of modular home design, construction, installation, material use and fabrication

## Building science and energy efficiency experience

*(Must check at least one box below)*

- Certified Home Energy Rating System (HERS) rater or provider
- Licensed Engineer or Architect

*(Must check all boxes below)*

- Hands-on experience conducting duct and whole-house air leakage measurements
- Experience and training in the principles of building science
- Experience and training in energy efficiency construction practices

## Document preparation and record keeping

*(Must check)*

- Capability to maintain computer records and communicate via E-mail

## Submit this form to SBRA:

Fax number: 212-496-5389, or

## Energy Star Modular Homes

Rev. 2/3/2021

EPA Form 5900-193

The government estimates the average time needed to fill out this form is 0.17 hours and welcomes suggestions for reducing this effort. Send comments (referencing OMB Control Number) to the Director, Collection Strategies Division, U.S. EPA (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460.



OMB Control No. xxxx-xxxx

Mailing address: 2109 Broadway, Suite 200, New York, NY 10023, or  
E-Mail: info@research-alliance.org

If approved, SBRA will return a countersigned copy of this application to the Certifier. The Certifier shall provide a copy of the approved application to the plant.

**Do not write in this space.**

**SBRA Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_