

# Certified Sustainability Colleague (CSC GREEN) Initial Application

FOR PROCESSING VERIFICATION PURSUANT TO DEMONSTRATE COMPLIANCE

## CERTIFIED SUSTAINABILITY COLLEAGUE GREEN (CSC GREEN) APPLICATION FORM INITIAL (NEW) - OR - REINSTATEMENT (INACTIVE MORE THAN FIVE YEARS)

Information on your application must be typed or neatly printed in ink. Resumes are not acceptable. Please include a \$50 nonrefundable application review fee (check, money order, or credit card authorization) payable to GRC-Pirk. If you pay by check, please include your full name on the memo line of your check or money order.

PLEASE CHECK ONE:

Initial (new)

Reinstatement

Registration Number: CSC GREEN  
# \_\_\_\_\_ (if reinstatement)

### APPLICATION INSTRUCTIONS

Before completing this application, please read CSC Green Code of Conduct at [www.haps6h.com](http://www.haps6h.com), or you may contact our office at (775) 824-9008 or [CSC\\_Mailbox@ReComply.com](mailto:CSC_Mailbox@ReComply.com) to obtain copies. Provide complete responses for each item on the application. Failing to do so may significantly delay the processing of your application.

### APPLICATION PACKAGE CONTENTS

CSC Green Application Form, which includes:

1. Application
2. Authorization for Application Review and Payment by Credit Card

### CSC GREEN REGISTRATION REQUIREMENTS

The minimum requirements to be registered as a CSC Green are:

- (certificate) - Substantiation that can show by documentation or certification that a colleague's work experience and/or training has resulted in training equivalent to the training required in the **\*FTC Green Guides**.
- (curriculum) - Description of the methods used for substantiation that show by documentation or certification that a colleague's work experience and/or training has resulted in classroom training equivalent to the training required in the **\*FTC Green Guides**.

**\*The minimum training criteria for CSC Green Registration have been determined to comply with the regulations set forth by the FTC Act and the FTC Green Guides.**

## INDIVIDUAL MAILING ADDRESS:

CSC will use the address provided below for all correspondence, and will list this address on the Registry website.

Street:					
City:		State:		Zip Code:	
Your employee ID number, or the last 4-digits of your social security number:			Date of birth:		
Telephone ( ) ext. Fax:( )			Email Address (confidential PIN – will not be published):		
Email address is for CSC Registry use only. It will not be listed in the CSC registry, nor will it be released to other parties.					
United States Citizen: (If no, provide a copy of resident alien card) <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you previously applied for registration as a CSC Green? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## COMPANY (employer) INFORMATION:

If applicable, the CSC will use the information provided below for compliance validation on the Registry website.

Company (owner/operator) Name:			Company Responsible Party:		
Street:					
City:		State:		Zip Code:	
Employer Tax ID number:			Date of Employer (owner/operator) certification:		
Telephone: ( ) ext.			Fax: ( )		

## TRAINING INFORMATION:

The CSC registrar will use the training information provided below and training history checked on page 3 hereof to verify your training and validate your certification on the CSC Registry website.

In the following fields and on the following page 3, describe the training supporting your claim(s) of certification. Include dates for the certification described. NOTE: The training you claim must have been acquired within the last four years.					
Copy of training certificate and/or supporting documentation attached. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Trainer:			Year of Training:		
Description of Classroom Training:					

**TRAINING INFORMATION: Check the area to appear on the CSC Registry website.**

Only check each area of training that applies to you in which you were certified. Include dates of the training.

CHECK	CERTIFICATION DATE:	TRAINING TYPE:
* <input checked="" type="checkbox"/>	*evidence required	6H - 6X Surface Coating
<input type="checkbox"/>		Building Envelope Savings
<input type="checkbox"/>		Production Performance Savings
<input type="checkbox"/>		Heating and Air Conditioning Savings
<input type="checkbox"/>		Spray Booth Operational Savings
<input type="checkbox"/>		Equipment Maintenance Savings
<input type="checkbox"/>		Waste Management Savings
<input type="checkbox"/>		Lighting Equipment Savings
<input type="checkbox"/>		Motors and Compressors Savings
<input type="checkbox"/>		Hot and Cold Water Savings
<input type="checkbox"/>		Storm and Wastewater Savings
<input type="checkbox"/>		Power-Operated Equipment Savings
<input type="checkbox"/>		Community Climate Savings

*Please list other training history details you wish to appear on the CSC Registry Website*

	CERTIFICATION DATE:	TRAINING TYPE:
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

**\* MINIMUM TRAINING REQUIREMENT FOR CSC REGISTRATION: SEE CSC REGISTRATION REQUIREMENTS PAGE 1**

**Owner/Operator/Employee Sworn Statement:** All training indicated in this Application is training for which I can produce a copy of evidence. I understand that I may be asked to produce copies of evidence to verify any training claimed, and that failure to do so may result in my CSC Green registration being disallowed and my certification revoked.

I am:  An Owner     An Operator     An Employee     Contract Personnel

Name of Individual CSC Green Applicant (*Print or Type*):

Signature of Individual CSC Green Applicant:

Title:

Date:

# Authorization for Application Review

**The Consequences Of Not Providing All Or Any Part Of The Requested Information:**

It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

**The Principal Purpose(s) For Which The Information Is To Be Used:**

The information requested will be used to determine qualifications for registration, licensure, or certification to determine compliance with regulatory provisions of training standards and to establish positive identification.

**Any Known Or Foreseeable Disclosures That May Be Made Of The Information:**

Your completed application becomes the property of the Registry and will be used by authorized personnel to determine your eligibility for registration. Information on your application will not be transferred to other governmental or enforcement agencies without written authorization.

**Registrant's Rights:**

Individuals have the right to review their own files or records maintained by the Registrar. You may gain access to the information by contacting CSC at the below P.O. Box, or (775) 824-9008, or [CSC\\_Mailbox@ReComply.com](mailto:CSC_Mailbox@ReComply.com)

## Government Regulatory Compliance LLC Certified Sustainability Colleague (CSC Green) Registry AUTHORIZATION FOR PAYMENT

### Payment for CSC Green Application Processing Fee\*

<b>NAME:</b> (first) (M.I.) (last)	<b>IF PAID BY CHECK:</b> <input type="checkbox"/> Attached Ck # <input type="checkbox"/> Money Order #
<b>MAILING ADDRESS:</b> (number, street, & apt/suite #)	<b>IF PAID BY CREDIT CARD:</b> <input type="checkbox"/> Credit Card #
(city) (state) (zip code)	<b>CREDIT CARD TYPE:</b> <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express
<b>PHONE:</b> (area code) (telephone #) (ext.)	<b>PRINTED CARDHOLDER NAME:</b> (first) (M.I.) (last)
	<b>**CARDHOLDER SIGNATURE</b>

**\*NO REFUNDS WILL BE ISSUED FOR THE \$50 APPLICATION REVIEW FEE**

**\*\*No credit card payments may be authorized unless the cardholder's signature is present and dated.**

Please mail the completed payment authorization form with your completed application to:

**Government Regulatory Compliance LLC, CSC Registry  
P.O. Box 21270**

**Reno, Nevada 89515 – TEL: 775.690.9098 FAX: 866.729.3892**

**email: [CSC\\_Mailbox@ReComply.com](mailto:CSC_Mailbox@ReComply.com)**