

A1 Personal details Persönliche Angaben		
	<input type="checkbox"/> Male männlich *	<input type="checkbox"/> Female weiblich * <input type="checkbox"/> Diverse divers *
Academic title akadem. Titel *	<input checked="" type="radio"/> www	
Profession Beruf *	<input checked="" type="radio"/> www	
Surname Familienname *	<input checked="" type="radio"/> www	
Given name Vorname *	<input checked="" type="radio"/> www	
Date of Birth Geburtsdatum *	<input checked="" type="radio"/>	
Street Anschrift * (kein Postfach no postbox)	<input type="checkbox"/>	
Address supplements Adresszusatz	<input type="checkbox"/>	
Postal code, city PLZ, Wohnort *	<input type="checkbox"/>	
Region, County, State Region, Bundesland *	<input type="checkbox"/>	
Country Land *	<input type="checkbox"/>	
E-Mail address E-Mail Adresse *	<input type="checkbox"/>	

A2	
<p>I hereby apply for the examination to issue the additional certificate "PHPP Expert" of the Passive House Institute and accept the following regulations:</p> <ul style="list-style-type: none"> • I hereby accept the current examination regulations. • The course provider/exam host with whom I register for the exam forwards this data to the Passive House Institute for internal use. • The course provider/examination host sends the original examination documents processed by me and the results of the initial correction by the course provider/examination host to the Passive House Institute for further processing. • After the second correction, the Passive House Institute forwards the final examination result to the course provider/examination host for internal use. • I hereby acknowledge that a legal challenge of the correction and the examination result is not possible. • I hereby confirm that I have paid or will pay the examination fees of the course provider/examination host. • I hereby certify that the documents submitted/to be submitted by me represent my own intellectual achievement. • I hereby certify that I will use the additional certificate or the associated seal only in conjunction with the certificate "certified passive house designer/consultant" and only in relation to my person (e.g. business cards, letterhead, e-mail signature, etc.). • I hereby certify that the information provided by me is correct. • I agree to receive information in connection with the certificate "certified passive house designer/consultant" or the additional certificates and the renewal of the certificate (even after the certificate has expired) (e.g. information on events that are suitable for the certificate renewal). I can revoke this consent at any time (e.g. by changing my profile after contacting the Passive House Institute). • Further information about the handling of my data can be found in the data protection declaration of the PHI, which is accessible on the website passiv.de. 	
Place, date Ort, Datum: *	Signature Unterschrift: *

see also B2

B1 Additional details for publication on passivehouse.com/training Weitere Angaben zur Veröffentlichung auf passivehouse.com/training		
Company name Firmenname	www	
E-Mail address (direct contact only) E-Mail Adresse	www	
Website Webseite	www	
Telephone number Telefonnummer	www	
Fax number Faxnummer	www	
<input type="checkbox"/> same address data as in A1 / Adressangaben wie in A1		
Street Anschrift (kein Postfach no postbox)	www	
Address supplements Adresszusatz	www	
Postal code, city PLZ, Wohnort	www	
Region, County, State Region, Bundesland	www	
Country Land	www	
iPHA-Membership * (as listed on www.passivehouse-international.org) iPHA / IG-Mitgliedschaft * (wie unter www.passivehouse-international.org bzw. www.ig-passivhaus.de gelistet)	www	<input type="checkbox"/> Yes, through the following iPHA-Affiliate Ja, durch den folgenden iPHA-Affiliate (z.B. IG Passivhaus Deutschland): <input type="checkbox"/> No Nein

B2	
<p>I hereby declare that I agree to the disclosure and publication of my data as described below:</p> <ul style="list-style-type: none"> The data marked with a "www" will be published by the Passive House Institute on the website (passivehouse.com/training). I can revoke my consent to this publication at any time (e.g. by changing my profile after contacting the Passive House Institute). 	
Place, date Ort, Datum: *	Signature Unterschrift: * see also A2

<input type="checkbox"/> I agree to be informed about news about Passive House. I can revoke this agreement at any time (e.g. by changing my profile after contacting the Passive House Institute).

C – To be completed by the examination body Von der Prüfungsstelle auszufüllen	
Place, date of Examination Prüfungsort, -datum: *	Examination Body Prüfungsstelle: *