Passivhaus Institut

Rheinstr. 44/46
D-64283
Darmstadt
planer@passiv.de

Attachment IIa* | *Anlage IIa

Application "**Certified Passive House Designer/Consultant**"

Qualification through project documentation

Antrag "**Zertifizierter Passivhaus-Planer / -Berater**"

Qualifikation über Gebäude-Dokumentation

☐ **Initial qualification | Erstqualifikation** ☐ **Certificate extension | Zertifikatsverlängerung**

A1 Personal details | Persönliche Angaben

	☐ Male | männlich * ☐ Female | weiblich * ☐ Diverse | divers *	
Academic title | akadem. Titel *	⊙ | www	
Profession | Beruf *	⊙ | www	
Surname | Familienname *	⊙ | www	
Given name | Vorname *	⊙ | www	
Date of Birth | Geburtsdatum *	⊙	
Street | Anschrift * (kein Postfach | no postbox)	✉	
Address supplements | Adresszusatz	✉	
Postal code, city | PLZ, Wohnort *	✉	
Region, County, State | Region, Bundesland *	✉	
Country | Land *	✉	
E-Mail address | E-Mail Adresse *	✉	
PHPP registration number | PHPP Registrierungsnummer		

A2

I hereby apply for the evaluation of the enclosed documents for the purpose of attaining / renewing the "Certified Passive House Designer/Consultant" Certificate to be issued by the Passive House Institute.

- I hereby accept the current examination regulations.
- The assessing body with whom I register for the audit forwards this data to the Passive House Institute for internal use.
- The assessing body sends the documents I have prepared and the results of the initial correction to the Passive House Institute for further processing, if the Passive House Institute is not the testing laboratory itself anyway.
- After the second correction, the Passive House Institute forwards the final audit result to the assessing body for internal use.
- I hereby acknowledge that a legal challenge of the correction and the audit result is not possible.
- I hereby confirm that I have paid or will pay the examination fees of the assessing body.
- 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 certificate or the associated seal 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	
☐ 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	☐ Yes, through the following iPHA-Affiliate | Ja, durch den folgenden iPHA-Affiliate (z.B. IG Passivhaus Deutschland): _____ ☐ No | Nein

B2

I hereby declare that I agree to the disclosure and publication of my data as described below:

- The data marked with a "www" will be published by the Passive House Institute on the website (passivehouse-database.org/).
- 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**

☐ 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: *	