



Attachment Ila | Anlage Ila

Application "Certified Passive House Designer/Consultant"

Qualification through project documentation

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Antrag "Zertifizierter Passivhaus-Planer / -Berater"
Qualifikation über Gebäude-Dokumentation

Initial qualification | Erstqualifikation Certificate extension | Zertifikatsverlängerung

A1 Personal details | Persönliche Angaben
Form with fields for gender, academic title, profession, surname, given name, date of birth, street, address supplements, postal code, region, country, and email address.

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.
List of terms and conditions for certification, followed by fields for place/date and signature.

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