

**APPLICATION FOR REGISTRATION OF TRAINING COURSES
FOR ENERGY AUDITORS**

1. NAME OF THE COMPANY:

2. COMPANY REGISTRATION NUMBER:

3. ADDRESS:

4. NAME AND DESIGNATION OF CONTACT PERSON:

5. TELEPHONE NUMBER:

6. FAX NUMBER:

7. EMAIL:

WEBSITE:

8. COURSE CONTENTS

MODULE NAME	CONTENTS

9. PROFESSIONAL QUALIFICATION LEVEL OF THE LECTURERS

NAME	QUALIFICATION	EXPERIENCE

DATE:

NAME & SIGNATURE OF APPLICANT: