

## **APPLICATION FORM**

*SAVE International*

Certification Board Administrator

Les M. Thomas, P. E., CVS

10017 Leafwood Dr.

Tallahassee, FL 32312

Check SAVE International web site for  
contact information [www.value-eng.org](http://www.value-eng.org)

or Email: [lthomaspe@aol.com](mailto:lthomaspe@aol.com)

1. Complete **application** portions of applications.
2. Complete attachments.
3. Sign Applications.
4. Submit workbook; original forms and 4 copies of application and **attachemennts** including WS1, WS2 or WS3 and WS4
5. Enclose appropriate fee payable to SAVE Certification Board .

Member: \$ 150.00 Module I Workshop \_\_\_\_\_ Module II Seminar \_\_\_\_\_

If renewal, list current number \_\_\_\_\_

Non-Member: \$ 180.00 Module I Workshop \_\_\_\_\_ Module II Seminar \_\_\_\_\_

If renewal, list current number \_\_\_\_\_

### **PART-1 Applicant Information**

Name : \_\_\_\_\_

Title : \_\_\_\_\_

CVS No. : \_\_\_\_\_ Expiration Date : \_\_\_\_\_

Address : \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

SAVE member : Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ I am a non-member, please send me information on joining SAVE

I hereby state that the approved \_\_\_\_\_ Module I workshop, \_\_\_\_\_ Module II Seminar will be conducted as described in the application and that the Certificate Board may survey audit our course (s) at any time, at no cost to us. I retain the right to refuse individual on site auditors where a client/confidential or competitive situation exists.

I realize that this approval is only good for four (4) years and must be renewed under the requirements in force at that time.

Note : The prime CVS is responsible and accountable to the Certification Board for the conduct and performance of the Seminar/Workshop. All affiliates are accountable to the Prime CVS.

CVS Name	CVS No.	Expires	Signature	Date
Prime				
Affiliate				
Affiliate				
Affiliate				

**AFFIRMATION**

Having read the Certification requirements, and believing myself fully qualified, I declare that all submitted information is correct to the best of my knowledge and belief. I have read the pledge to adhere to the SAVE standards of conduct. I have attached confirming documentation, and will arrange for further evidence if requested by the Certification Board.

\_\_\_\_\_

Applicant Signature (Prime CVS)

\_\_\_\_\_

Date

