|  |  |  |  |
| --- | --- | --- | --- |
| Home - EDGE Buildings“PREFERRED provider” Application | | | |
| Company details Name of Company Registration Number  Address City Country | Phone | website contact person Name Role Phone Email | | | |
| **Proposed Tier Level (select one):** Preferred  Premier   |  |  |  | | --- | --- | --- | | Requirements | Preferred | Premier | | **Cumulative # Projects Certified (lifetime)** | 5 | 10+ | | **Floor Area Certified (annual)** | 5 projects or  50,000 SQM | 10 projects or 500,000 SQM | | **EDGE featured on website, social, etc.** | Required | Required | | **EDGE Discovery Workshops (intro)** | 1 | 3 | | **Submit case study for every project** | Required | Required | | **Technical Staff** | 1 Expert, Auditor, and/or Faculty | 2+ Experts,  At least 1 Auditor and 1 Faculty | | **Offer Expert Paid Trainings** | 0 | 1 | | **# Meetings with Potential Clients** | 10 | 40 | | | | |
| PROJECT experience (EDGE EXPERT/CONSULTANT) | | | |
| Total # Projects Certified (lifetime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Volume of Floor Area Certified (NEW) \_\_\_\_\_\_\_\_\_\_\_ | |
| *Submit project names and hyperlinks to each case study on edgebuildings.com. Projects must achieve a minimum of preliminary certification to count towards experience. Please provide links to each study as evidence.*  *LINKS:* | | | |
| **WEBSITE AND SOCIAL MEDIA** | | | |
| Is EDGE featured on company websites and promotion materials? Please provide links below as evidence.  *LINKS:*  Has EDGE been features by your company on social media channels? Please provide links below as evidence.  *LINKS:* | | | |
| **CONFERENCES AND EVENTS – (Select 4)** | | | |
| EVENT 1: Title: Format: | | Date: # of Attendees: | |
| EVENT 2: Title: Format: | | Date: # of Attendees: | |
| EVENT 3: Title: Format: | | Date: # of Attendees: | |
| EVENT 4: Title: Format: | | Date: # of Attendees: | |
| minimum STAFFING REQUIREMENTS | | | |
| Name: | Expert Auditor Faculty | | License #: |
| Name: | Expert Auditor Faculty | | License #: |
| Name: | Expert Auditor Faculty | | License #: |
| Name: | Expert Auditor Faculty | | License #: |
| As an authorized representative of the company, I certify that I have filled out this document to the best of my knowledge, and that the information on this form is correct.  Company:  Name of Representative:  Title:  Signature:  Date/Time: 12/16/2024 3:18 PM | | | |