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| Home - EDGE Buildings“PREFERRED provider” Application |
| Company detailsName of Company Registration NumberAddress City Country | Phone | website contact personName 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 |

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| 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 |