



**CAL SMACNA – Referral Authorization Form  
Ventilation Verification and Energy Optimization Program**

Our company \_\_\_\_\_ participated in the CAL SMACNA webinar on the new Ventilation Verification and Energy Optimization program being promoted for schools and public buildings in California.

By checking this box the above company affirms we have the knowledge, skillsets and necessary certifications to respond to official ventilation assessment inquiries from School Districts and/or Public Agencies.

The individual below understands the program and will be the designated point person for our company for any inquiries:

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

Email completed forms to: **[emily@cal-smacna.org](mailto:emily@cal-smacna.org)**