



## SMA® Experience Requirement

To earn the **Systems Maintenance Administrator (SMA®) designation**, candidates are required to demonstrate three years of verifiable experience as a stationary engineer or equivalent. This policy ensures that people awarded the SMA® are high-caliber, well-trained professionals—experienced in systems maintenance.

To fulfill the **SMA® Experience Requirement**, the following conditions must be met:

- The experience must be related to a minimum property portfolio of 40,000 square feet.
- The experience must demonstrate that you have met at least 25 of the 35 criteria listed on the enclosed **SMA® Experience Criteria Verification Form**. Criteria may be obtained through more than one employer as long as 25 different criteria are met.
- The experience must be verified by each employer listed on the application.

*Follow these instructions to apply for credit toward the SMA® Experience Requirement:*

### U.S. Applicants

Type or print your employment history on the attached Employment Information Form.

Forward a copy of your completed Employment Information Form and a copy of the Experience Criteria Verification Form to each employer, supervisor, or personnel manager from whom you are requesting SMA® experience credit verification.

**Each employer/verifier** should review the Experience Criteria Verification Form and check all applicable criteria. Once the form is completed, the employer/verifier signature should be notarized on page four, and the completed packet should be returned to the applicant. Applicant, do not have your signature notarized.

Applicants should ensure that they have received ALL completed Criteria Verification Forms from each applicable employer/verifier prior to submitting their complete application to BOMI International for processing. Partial applications cannot be processed. Applications received without all related completed Criteria Verification Forms will be returned to the applicant.

Entire completed and notarized applications should be forwarded, with a copy of the applicant's resume, to BOMI International, Attn. SMA® Experience Committee, One Park Place, Suite 475, Annapolis, MD 21401. Facsimiles cannot be accepted.

### Canadian Applicants

Please follow the same steps identified above; however, your completed Criteria Verification Forms do not have to be notarized. Please have each employer/verifier include his or her e-mail address for verification purposes. (In the event that an e-mail address is not available, please ensure that the employers/verifiers include their daytime telephone number.)

Please note: Incomplete or partial applications will not be processed.

# SMA® Experience Requirement - Employment Information

BOMI International ID#: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

## Employment History

List the names and addresses of all places of employment that you are submitting for SMA® experience credit. Please list your current employer first and then any additional employers who are providing verification. (PLEASE NOTE: When combining experience at multiple companies, a separate signed and notarized SMA® Criteria Verification Form must be submitted from each company.)

- 1. Current Employer:** \_\_\_\_\_  
Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position(s) at Company: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ **Number of Years at Company:** \_\_\_\_\_
- 2. Company Name:** \_\_\_\_\_  
Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position(s) at Company: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ **Number of Years at Company:** \_\_\_\_\_
- 3. Company Name:** \_\_\_\_\_  
Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position(s) at Company: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ **Number of Years at Company:** \_\_\_\_\_

**Total Number of Years of Experience**  
**(Must Equal Three or More):** \_\_\_\_\_

# SMA® Experience Criteria Verification Form

*Duplicate this form for each employer providing verification.*

**EMPLOYER/VERIFIER:** SMA® candidates must demonstrate that they have met 25 of the 35 experience criteria listed below at some point in their employment history. Please check all applicable criteria for the individual listed on the application. For verification purposes, your signature should be notarized on page 4 and returned to the applicant. (Canadian employers/verifiers do not need to have their signatures notarized; however, please provide your e-mail address for verification purposes.) *BOMI International reserves the right to verify all information provided on this form.*

**Employer/verifier—check all boxes that apply**

1. Real Property Administrator (RPA®) designation. ....
2. Facilities Management Administrator (FMA®) designation. ....
3. LEED® professional credential. ....
4. Operating or stationary engineering license from appropriate entity (Boiler, etc.). ....
5. Graduate apprenticeship of an appropriate skill. ....
6. Refrigeration certification (CFCs) or Journeyman Refrigeration certificate. ....
7. Military or Merchant Marine experience as an operating engineer. ....
8. Other certifications: Certified Energy Manager (Association of Energy Engineers/Canadian Institute for Energy Training), certified pool operator, certified elevator maintenance technician, certified locksmith. .
9. OSHA compliance training (OSHA 10 minimum) or completion of a workplace training program a proved by the appropriate jurisdiction. ....
10. Perform and/or establish preventive maintenance programs. ....
11. Perform recordkeeping and work assignments using established building computer programs such as computerized maintenance management systems (CMMS). ....
12. Operate a building automation system. ....
13. Benchmark energy use and make changes to improve efficiencies. ....
14. Input budget data and track/monitor conformance to a budget. ....
15. Monitor, evaluate, and maintain IAQ operations. ....
16. Select, order, and maintain service and material parts inventory. ....
17. Perform tenant services as required for customer satisfaction. ....
18. Work with or monitor external contract services. ....
19. Perform supervisory services over fellow employees on behalf of building management. ....
20. Service, repair, and replace V-belt and/or filter installations. ....
21. Perform chemical testing of water systems for optimum operation and/or monitor all water treatment contractor services. ....
22. Operate and maintain refrigeration cooling equipment. ....
23. Operate and maintain heating equipment. ....
24. Operate, monitor, adjust, calibrate, and repair temperature control equipment. ....
25. Inspect, monitor, troubleshoot, and repair plumbing systems and equipment. ....
26. Operate, monitor, and troubleshoot electric equipment and failures. ....
27. Apply working knowledge of security services and alarm systems. ....
28. Apply working knowledge of fire life-safety systems, including sprinkler flow tests. ....
29. Inspect and/or carry out roof maintenance and/or temporary repairs. ....
30. Monitor exterior maintenance and repair (landscaping, lawn sprinkler system, exterior building surfaces, parking, and roads). ....
31. Inspect, monitor, and/or direct housekeeping services. ....
32. Experience with and/or operation of emergency power generator systems. ....
33. Perform recordkeeping compliance with environmental standards. ....
34. Formal confined space training. ....
35. Proficiency in reading and understanding working drawings. ....

Company Name: \_\_\_\_\_  
(please print)

SMA® Candidate's Name/Title: \_\_\_\_\_  
(please print)

SMA® Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifier's Name/Title: \_\_\_\_\_  
(please print)

Verifier's Statement: I, (name) \_\_\_\_\_ hereby verify that the length of employment reflected on page 1 is accurate and that (number) \_\_\_\_\_ of 35 boxes are checked on this form, accurately reflecting the named SMA® Candidate's responsibilities at the company I represent here.

Do you recommend this person for an SMA® designation? Yes  No

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifier's Phone Number (for authentication): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Be sure the verifier's signature is notarized on the next page before returning it to BOMI International (U.S. Applicants only).*

**Comments by applicant special comments, extraordinary circumstances:**

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**This section applies to Canadian applicants only**

Please be sure that the verifier of your application has included his or her daytime phone number and e-mail address for authentication.

**This section applies to U.S. applicants only**

Completed and notarized applications should be forwarded, with a copy of the applicant's resume, to BOMI International, attn. SMA® Experience Committee, One Park Place, Suite 475, Annapolis, MD 21401. Facsimiles cannot be accepted. *BOMI International reserves the right to verify all information provided on this form.*

**Notary: Verifier's signature must be notarized**

Please contact BOMI International at 1-800-235 BOMI (2664) if you are a resident of the U.S. and do not have access to a Notary Public.

State of \_\_\_\_\_ County of \_\_\_\_\_ On (date) \_\_\_\_\_ before me, (*name of notary*) \_\_\_\_\_, personally appeared (*name of verifier*) \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Please be sure that the signature you notarize is that of the verifier, not the applicant.**