Application for UM Green Office Certification

Green Office Certification Program	Date Submitted:
Office/Department:	Number of staff/members:
Campus (please circle one): ☐ CG ☐ RSMAS ☐ MEDICAL	
Bldg:	Room#:
Green Office Leader Name:	
Email :	Phone:

I/We, representative(s) of the above office or department applying for the UM Green Office Certification, sign below that to the best of my/our knowledge, this office commit to successfully complete all applicable steps required by the Green U - Office of Sustainability.

Director's Name/Signature	Green Office Leader Name/Signature

The members of our office/department sign below to affirm that they have read and understand the UM Office of Sustainability Checklist, and commit to taking the individual actions on the checklist in order to reduce our office's energy use and greenhouse gas emissions. The signatures below represent at least 75% of our office's full and part time staff and faculty members

Name	Initials

Name	Initials

Thank you for your participation.