



# Residential Energy Efficiency Program

## Contractor Application

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Name of Principals: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Years in Business: \_\_\_\_\_ years \_\_\_\_\_ months FT permanent installers employed: \_\_\_\_\_

What measures do you plan to offer through our program?  Insulation  Windows  PTCS Duct Sealing

Heat Pumps  Geothermal Heat Pumps  PTCS Heat Pump Commissioning and Controls

Ductless Heat Pumps  Solar W/Heaters  Solar PV  Other \_\_\_\_\_

Does your company participate in other utility programs?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions regarding your automotive/general liability insurance and bonding:

Insuring Company: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Amount of Coverage: \$ \_\_\_\_\_ Amount of Bonding: \$ \_\_\_\_\_

Will your company accept responsibility for all warranty service related to your work and work performed by subcontractors supplied by your company?  Yes  No

Does your company use subcontractors, including electrical, on a regular basis?  Yes  No

If yes, please list:

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

May 2009

**References**

Please list **at least five** residential customers for whom you have performed energy conservation work in the last 18 months:

- 1. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- 5. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- 6. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_
- 7. Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

<b>BPUD USE ONLY</b>	
Received by: _____	Date: _____
Reviewed by: _____	Date: _____
Approved by: _____	Date: _____
Denied by: _____	Date: _____
Copy to contractor: _____	Date: _____