



New Jersey Home Performance with ENERGY STAR® Contractor's Application for Participation

(Primary Business Name) _____
(Business Phone)

(Business Street Address) _____
(Business Fax)

(Business City) _____
(State) _____
(Zip) _____
(Business Website)

(President / Owner) _____
(President / Owner Phone) _____
(President / Owner Email)

(Primary Contact) _____
(Primary Contact Phone) _____
(Primary Contact Email)

Business Assessment

Primary Business: (i.e. HVAC, Gen. Contractor, Insulation, etc.) _____

Business Services Offered: _____

NJ Counties Served: _____

*Business Established: (date) _____ Federal Tax Id No.: _____

No. of Jobs Completed This Year: _____ NJ Home Improvement Contractors License No: _____

No. of Employees: _____ No. of Field Employees: _____ No. of Administrative Employees: _____

Is Your Company Currently a BPI Accredited/Goldstar Company in NJ? No Yes (attach copy of NJ BPI Certificates)

If No, in what state is your company accredited? _____

REQUIRED DOCUMENTS TO ATTACH TO APPLICATION

- New Jersey Division of Revenue Registration (Copy of NJ Business Registration Certificate from the NJ Division of Revenue website for your company https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp)
- New Jersey Home Improvement Contractors License Certificate or Printed Copy of Dept. of Consumer Affairs NJHIC Registration from <http://www.njconsumeraffairs.gov/HIC/>
- General Liability Certificate of Insurance with minimum of \$1,000,000 coverage
- Workers Compensation Certificate of Insurance
- Better Business Bureau Membership Certificate or Three (3) Credit References with over \$2,500 credit line. Provide the credit company name, address, and phone number (i.e. supplier house accounts).
- Five (5) Customer References with whom we could speak about the work done by your company. Provide customers' full name and address, customers' phone numbers, and a brief description of work done in their home for each reference.
- Documentation of your company's legally registered NJ business location(s)
- Current Alternate Name form (dba) filed with the state of NJ, if applicable

Failure to submit this application and all the required documentation as one complete submittal will result in delays of approval.

**Please note: businesses should be established for at least 6 months to qualify for the Program, and 12 months in order to offer the EFS 0% financing option to customers. This EFS guideline may be waived, pending review of special circumstances. Please contact the program for details.*

I certify that all the information included above and on accompanying documentation is true and correct, and that I am authorized to sign this application for the company I represent.

SIGNATURE: _____ **DATE:** _____