



## 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. Co	ontractor, Insulation, etc.)	
Business Services Offered:		
		x ld No:
No. of Jobs Completed This Year:	Contractor's License	No:
No. of Employees:	No. of Field Employees:	No. of Administrative Employees:
Is Your Company Currently a BPI	GoldStar Company? O No	O Yes (attach copy of NJ BPI Certificates)
REQUIRED DOCUMENTS	O ATTACH TO APPLICA	ΓΙΟΝ
	nue Registration (Copy of NJ Busin ps://www1.state.nj.us/TYTR_BRC/j	ess Registration Certificate from the NJ Division of Revenue sp/BRCLoginJsp.jsp)
	<u>r</u> Printed Copy of Dept. of Consum	C Contractor) applicable to the work your company will er Affairs NJHIC Registration from
General Liability Certificate of	f Insurance and Automobile Insurar	nce with minimum of \$1,000,000 coverage
Workers Compensation Certif	ficate of Insurance	
	bership Certificate <u>or</u> Three (3) Cre I phone number (i.e. supplier house	edit References with over \$2,500 credit line. Provide the credit e accounts).
		the work done by your company. Provide customers' full cription of work done in their home for each reference.
Documentation of your compa	any's legally registered NJ busines:	s location(s), if applicable
Current Alternate Name form	(dba) filed with the state of NJ, if a	pplicable
*Please note: businesses should be establi	shed for at least 6 months to qualify for	as one complete submittal will result in delays of approva the Program, and 12 months in order to offer the EFS 0% financing circumstances. Please contact the program for details.
I certify that all the information include authorized to sign this application f		ng documentation is true and correct, and that I am
SIGNATURE:		DATE:t com_CLFAResult_75 Lincoln Highway_Suite_100_Iselin_N.L08830
FAX: (732) 634-8010 ATTN: Angela Burney	vor Email: Δngela Burnev@CLEAResu	t com CLEAResult 75 Lincoln Highway Suite 100 Iselin N.L08830