



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 BPI Accredited? No Yes (attach copy of Company BPI Accreditation Certificate to application)

REQUIRED DOCUMENTS TO ATTACH TO APPLICATION

- New Jersey Division of Revenue Registration (Copy of NJ Business Registration Certificate or a printed copy of registration 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 who we could speak to about the work done by your company. Provide customers' full name, customers' addresses, customers' phone numbers, and a brief description of work done in their home for each reference.

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

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

SIGNATURE: _____ **DATE:** _____

FAX TO: (732) 634-8010 or **MAIL TO:** CSG, 75 Lincoln Highway, Suite 100, Iselin, NJ 08830 ATTN: Angela Burney