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 Serviced: _____

**Business Established:* *(date)* _____   Federal Tax Id 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?   ○ No   ○ Yes *(attach copy of NJ BPI Certificates)*

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)

☐ Company's license/s (e.g. Home Improvement Contractor, HVAC Contractor) applicable to the work your company will perform under the Program **or** Printed Copy of Dept. of Consumer Affairs NJHIC Registration from http://www.njconsumeraffairs.gov/HIC/

☐ General Liability Certificate of Insurance and Automobile 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.

☐ 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: _____
FAX: (732) 634-8010 ATTN: Angela Burney or Email: Angela.Burney@CLEAResult.com, CLEAResult, 75 Lincoln Highway, Suite 100, Iselin, NJ 08830