2012-2013 Home Performance with ENERGY STAR®
Contractor Participation Agreement
SIGNATURE FORM

nyserda
Energy. Innovation. Solutions.

LONG ISLAND REGION

SECTION 1: COUNTIES OF PARTICIPATION

Select the counties below in which your organization plans to offer services.

☐ Nassau ☐ Suffolk

SECTION 2: COMPANY INFORMATION

Legal Company Name:
(this name should match the Taxpayer ID # or SSN)

d/b/a (if different than name above be sure to attach copy of d/b/a certificate)

Type of Firm (ie, Corp., LLC, etc.)

Taxpayer ID Number:
(SSN or EIN that matches Legal Company Name)

Check all that apply: ☐ Minority-owned Business Enterprise ☐ Women-owned Business Enterprise

Authorized Company Contact:

Title:

Company's Physical Address:
(no PO Boxes accepted)

Physical City: State: Zip Code:

Company's Mailing Address: (if different from physical address)

Mailing City: State: Zip Code:

Phone Number: Fax Number:

E-mail Address:

To ensure delivery to your inbox, add hpwes@nyserda.org to your safe senders list.

Year Company was Established:

Year Company Received BPI Accreditation:

BPI Company Accreditation ID #

Website:

NOTE: At any time, if the information provided on this Participation Agreement Signature Form and any attachment thereto, changes, it must be reported to NYSERDA, in writing, via e-mail to bar@nyserda.ny.gov.

NYSERDA Use Only

RAES	ESP	BPIAV	BPICV	CA/BBB	QAR	PSR	TINV	SSP	CRIS	ARP

SECTION 3: BPI CERTIFIED STAFF INFORMATION (Use additional pages if necessary.)

All BPI Certified Staff Name(s)	BPI Identification #	BA	WHALCI	Env	Htg	AC & Heat Pump	MFBA	Mfg. Hsg.
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

Additional Certifications-provide staff name and additional certification(s). If staff is NATE and/or NORA Certified, include a copy of their ID Card with this submittal. For RSES members send a copy of their wall certificate.

HINT: Consult BPI's Company Portal to verify that all the certified staff above are associated with your company.

NOTE: As an ongoing requirement, the Partner shall **immediately** inform NYSERDA, in writing, via e-mail to bar@nyserda.ny.gov of any change in company name or to the certified professionals on staff (i.e., new hires, terminations, certifications gained and/or lost).

SECTION 4: STAFF AFFILIATION WITH NYSERDA PROGRAMS (Use additional pages if necessary.)

Please disclose affiliations with prior entities over the last five years. Use additional pages if necessary.

Staff Name(s)	Previous Company(s)	EmPower	GRBP	HPwES	Multifamily	NYESH	PV/Solar Thermal
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐

NOTE: If Staff member has served in NYSERDA's programs through more than one employer, please list all employers.

SECTION 5: COMPANY INFORMATION TO BE POSTED ON NYSERDA'S WEBSITE

Company Name:

Company Contact:

Company Address:
(No PO Boxes accepted)

City: State: Zip Code:

Phone Number: Fax Number:

Email Address: Website:

☐ YES, my company will provide free/reduced cost Comprehensive Home Energy Assessments

☐ NO, my company does not want to provide free/reduced cost Comprehensive Home Energy Assessments

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Please complete the information requested above, print, sign, and submit to:
New York State Energy Research and Development Authority (NYSERDA)
17 Columbia Circle, Albany, NY 12203
Attention: Residential Energy Services (RES)
NOTE: NYSERDA will only accept signature forms bearing the original signature of the authorized company contact.
NYSERDA will not accept faxed, copied, or e-mailed documents.

SECTION 6: SIGNATURE

I have read, understand, and agree to comply with all participation commitments described in NYSERDA's 2012-2013 Home Performance with ENERGY STAR (HPwES) Contractor Participation Agreement, including all Participation Statuses and all supporting policies described or referenced therein. Additionally, I have read, understand, and agree to comply with all additional conditions related to Assisted Home Performance with ENERGY STAR, including all supporting policies described or referenced therein. I understand that my participation in the HPwES Program is not approved until NYSERDA has reviewed and executed this Agreement.

I understand the provisions of this Agreement are effective through December 31, 2013. NYSERDA reserves the right to modify, at any time during this Agreement term, the provisions of this Agreement. I certify, under the penalties of law, that the statements made in this Agreement have been examined by me and are true and complete. I understand that by signing this Agreement, I consent to any other inquiry to verify or confirm the information I have given.

Date:

Signature & Title of Authorized Company Contact
(must match name listed in Section 2)

Print Name

NYSERDA Contract's Signature: Date:

Cheryl L. Earley, Director of Contract Management