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

nyserda
Energy. Innovation. Solutions.

## NORTH COUNTRY REGION

### SECTION 1: COUNTIES OF PARTICIPATION

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

☐ Clinton ☐ Essex ☐ Franklin ☐ Hamilton ☐ Herkimer ☐ Jefferson ☐ Lewis ☐ St. Lawrence ☐ Warren ☐ Washington

### 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.

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## 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