



INCOME-QUALIFIED ENERGY EFFICIENCY PROGRAM
CONTRACTOR APPLICATION

Public Utility District No. 1 of Pend Oreille County

Contractor Information

Company Name _____ UBI No. _____

Business Name (if different) _____

Company Address _____

Mailing Address _____

Company Phone _____ Email _____

Name of Principal _____ Title _____

Primary Contact _____ Phone _____

Website _____ Fax _____

State of Washington Contractor Registration No. _____

Years in Business _____ Number of Field Employees _____

- Which of the following measures do you offer?** Duct Sealing Duct Insulation Insulation Air Sealing
 Heat Pumps Heat Pump Water Heaters Heat Pump Commissioning and Controls Ductless Heat Pumps
 Windows Doors Health & Safety Repair Work (directly associated with the installation of measures).
 Other, please list: _____

Does your company participate in any other energy efficiency utility programs? Yes No

If yes, please list: _____

Is your company familiar with Bonneville Power Administration's Energy Efficiency Programs & Implementation Manual?

Yes No If Yes, how many years of experience does the company have? _____

In what ways does your company track progress (before/after) and ensure visibility into the ongoing work?

Please answer the following questions regarding your automotive/general liability insurance and bonding:

Insurance Company _____

Policy No. _____ Phone _____

Amt of Coverage \$ _____ Amt of Bonding \$ _____

Does your company use subcontractors, including electrical, on a regular basis? Yes No

If yes, please list:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

References

Please list five (5) residential customers for whom you have performed energy efficiency work for in the past 18 months.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

By signing below, I confirm that the information provided is true and accurate.

Contractor Signature _____ Date _____

Printed Name _____ Title _____

Please submit this completed application form along with a copy of your W-9 via mail or email to conservation@popud.org.

No Work can be performed until you receive notification of approval from the District and have a signed Contractor Agreement in place.

Pend Oreille PUD Use ONLY:			
Contractor Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Received:	By:
Date Reviewed:	By:	Copy to Contractor:	Date: