

Energy Management Program Trade Ally Application

Thank you for your interest in joining the New Jersey Energy Management program. A company must be approved as an Energy Management Trade Ally to submit projects through this program on behalf of Atlantic City Electric customers. To become an approved Trade Ally, please follow the steps below:

- 1. Send application to ace.energysavings@TRCcompanies.com with the following attached:
 - This completed application.
 - Completed W-9 Form.
 - New Jersey Division of Revenue Registration (Copy of Business Registration Certificate from the NJ Division of Revenue website for your company https://www1.state.nj.us/TYTR BRC/jsp/BRCLoginJsp.jsp)
 - o Current Alternate Name form (dba) filed with the state of NJ, if applicable
 - Certificate of insurance from your insurer. Required insurance policy and coverage listed in the application below, see Trade Ally Requirements for more information.
 - At least one (1) example each of a Retro-Commissioning (RCx) and/or Monitoring Based Commissioning (MBCx) report (as applicable to your application) completed in the past three (3) years.
 - Signed Trade Ally Agreement for Energy Management found on the Atlantic City Electric website: https://homeenergysavings.atlanticcityelectric.com/business/trade-allies
- 2. Review Program's Trade Ally Requirements and ensure your company meets or exceeds these requirements.
- 3. Program Training: If approved, the Trade Ally agrees to requiring at least one person from the Trade Ally's firm to participate in an initial program training session, plus additional training updates as needed. All training requirements for the Energy Management Program may be in addition to other training requirements for **ATLANTIC CITY ELECTRIC** administered programs.

If you have any questions, comments, and/or need clarifications regarding this application, please contact ace.energysavings@TRCcompanies.com.

Applicant Inform	ation									
Company Name										
	<u>'' </u>		Title				- Cmaile			
Contact:	<u> </u>		Title:				Email:			
Mailing Address:				City:	T.		State:		ZIP:	
Office Phone:				Cell	Phone:					
Website:										
Years in Busines	ss:	Years ur	nder cur	rent ow	nership:		Nu	mber of emp	oloyees:	
Check any that ap	pply:	Minority Owne	ed	_	Wom	an Owne	ed	Ve	teran O	wned
Federal Tax ID #:		Corporation	Partne	rship	Individua	al/Sole Pro	prietor	Exempt (T	ax exemp	ot/non-profit)
How did you hear	about the pr	ogram?								
		I								
Company Inform	ation									
Business Type										
Electrical Cont	ractor	Manufacturer		Distribu	tor	Α	rchitect		Consu	ltant
			Engineer Me		Mechanical Contractor (HVAC)			2)		
Manufacturer's Rep Retailer Engineer Mechanical Contractor (HVAC) Please check what services you are interested in providing (Check all that apply):										
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Leads										
Do you have any a provide details he	active leads for projec re:	ts that you	plan	to subm	nit to	the Atlantic City	Electric p	rogram?	lf so, p	lease
Summary of Insu	rance									
As noted earlier, y	ou will be required to	provide Ce	ertifica	ates of I	nsur	ance listing ATLA	TIC CITY	ELECT	RIC, Pr	ogram
Implementer, and	any overlapping utilitie	es where y	ou in	tend to	oper	ate as a condition	n of partic	ipation i		
For this summary,	it is acceptable to not	te if addres	s and	d contac	t is t	the same for mult	iple polici	es.		
General Liability	Insurance Information	on								
Company:										
Company:										
Mailing Addraga				i.			Ctoto		ZIP:	1
Mailing Address:				City:			State:		ZIP.	i
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Contact Name:		Phone:				Must be at leas				
Employer's Liabi	lity Insurance Inforn	nation								
•										
Company:										
Mailing Address:				City:			State:		ZIP:	i
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Contact Name:		Phone:				Must be at leas				
Auto Insurance I	nformation									
Company:										
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Contact Name:		Phone:				Amount of				

Cu	stomer References	;	
		recent reference for a for each MBCx, RCx). Attach additional	type of service indicated in application above (e.g. HVAC Tunepages if necessary.
	Company Name:		Describe Project:
1	Contact Person		
•	Phone:		
	Email:		
	Company Name:		Describe Project:
2	Contact Person		
2	Phone:		
	Email:		
	Company Name:		Describe Project:
3	Contact Person		
3	Phone:		
	Email:		

Key Staff

Please list all KEY STAFF who will be working on Atlantic City Electric projects, including name, title, certifications, and years of experience. Attach additional pages if necessary.

yours or orporation, make a definition of pages in the second of the sec							
Name	Current Title	Certifications Relevant to this Program	Years of Experience				

	Atlantic City	Electric E	Eneray I	Management	Trade Ally	αA ν	plication
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Business Plan		
In the space below, briefly describe your company's proc a process for each applicable service indicated in applica RCx). Attach additional pages if necessary.		
Interested in Project Financing from Atlantic City Ele		
NEIF is the third-party financing agency for the Atlantic C	city Electric C&I Energy Efficiency program	
NEIF is the third-party financing agency for the Atlantic C below, you, on behalf of your company, authorize TRC to application with NEIF to begin their process of authorizing	City Electric C&I Energy Efficiency program o share information and supporting docume g your company as an NEIF Approved Co	entation from this entractor. This status
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