

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 In	nforma	tion										
Company	Name:											
Contact:					Title:				Email:			
Mailing Addı	ress:				·	City:			State:		ZIP:	
Office Ph	none:					Cell	Phone:					
Web	osite:					-1						
Years in Bu	usiness	:		Year	s under cu	ırrent ow	nership:		Nui	mber of emp	loyees	:
Check any t	hat app	oly:		Minority O	wned		Wom	an Owne	ed	Ve	eteran C)wned
Federal Tax ID #:				Corporatio	on Partn	ership	Individua	al/Sole Pro	prietor	Exempt (T	ax exem	npt/non-profit)
How did you	ı hear a	bout	t the prog	gram?								
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Company Ir	nforma	tion										
Business T												
Electrical		actor	M	lanufacture	er	Distribu	ıtor	Aı	rchitect		Cons	ultant
Manufact	turer's F	Rep	R	etailer		Engine	er	N	1echanic	al Contracto	or (HVA	C)
Please chec	ck wha	t sei	rvices vo	nu are inte	rested in	nrovidir	na (Checi	k all that	annly):			
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HVAC	C Tune-	-Up		Retro-Co	ommission	ing (RC	x)	Mon	itoring-B	ased Comn	nissionii	ng (MBCx)
Please prov	vide a b	orief	compar	y overvie	w and not	e any of	her com	ments al	out you	ır focused :	special	ties:
If amplying	•	· ida	Monitovi	ing Daned	Commiss	ioning	(MDCv)		M/hot o	Sturger(a)		
If applying	to prov	/ide	Monitori	ng-Based	Commiss	ioning	(MBCx) s	ervices:	What so	oftware(s) o	o you	use?

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	ırance									
As noted earlier, y	ou will be required to	provide Ce	ertific	ates of I	nsur	rance listing ATLA	TIC CITY	ELECT	RIC, Pr	ogram
Implementer, and	any overlapping utilitie	es where y	ou in	tend to	oper	rate as a conditior	n of partic	ipation i		
For this summary,	it is acceptable to not	te if addres	s an	d contac	t is t	the same for mult	iple polici	es.		
General Liability	Insurance Information	on								
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Company:										
Mailing Addraga				. ÷:			Ctoto		ZIP:	
Mailing Address:				City:			State:		ZIP.	i
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Company:										
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Contact Name:		Phone:				Amount of				

Cu	stomer References		
) recent reference for a for each h additional pages if necessary	n type of service indicated in application above (e.g. HVAC Tune-
	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:		
Ke	y Staff		
Ple	ase list all KEY STA	FF who will be working on Atla	ntic City Electric projects, including name, title, certifications, and

Name Current Title Certifications Relevant to this Program Years of Experience

	Atlantic City	y Electric Energy	Management	Trade All	 Application
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In the space below, briefly describe your company's proc		
a process for each applicable service indicated in applica additional pages if necessary.	ess for conducting a project from start to fi tion above (e.g. HVAC Tune-Up, RCx, ME	
Interested in Project Financing from Atlantic City Elec	ctric?	
NEIF is the third-party financing agency for the Atlantic C below, you, on behalf of your company, authorize TRC to	ity Electric C&I Energy Efficiency program share information and supporting docume	entation from this
application with NEIF to begin their process of authorizing is required to procure financing for your company's Atlant regarding financing, please visit <a "="" atlant.com="" href="https://www.neifund.org/atlant.com/https://www.neifund.org/atlan</td><td>ic City Electric C&I projects. If there are a</td><td>any questions</td></tr><tr><td>is required to procure financing for your company's Atlant</td><td>ic City Electric C&I projects. If there are a atlantic-city-electric-commercial-financing/</td><td>any questions</td></tr><tr><td>is required to procure financing for your company's Atlant regarding financing, please visit https://www.neifund.org/atlant.com/	ic City Electric C&I projects. If there are a atlantic-city-electric-commercial-financing/	any questions
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