



An Exelon Company

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## Prescriptive/Custom Program Trade Ally Application

Thank you for your interest in joining the New Jersey Prescriptive/Custom program. To become a Trade Ally, please follow the steps below:

1. Send application to [ace.energysavings@TRCcompanies.com](mailto:ace.energysavings@TRCcompanies.com) with the following attached:
  - a. Completed application.
  - b. Completed W-9 Form.
  - c. Information which meets or exceeds the Program's Trade Ally requirements.

## New Jersey Prescriptive/Custom Program

Applicant Information				
Company Name:				
Contact:		Title:		Email:
Mailing Address:			City:	State:
Office phone:			Cell:	Fax:
Website:				
Years in Business:	Years under current ownership:		Number of employees:	Number of administrative employees:
Circle Any that Apply:	Minority Owned Business		Women Owned Business	Veteran Owned Business
Federal Tax ID:	Corporation	Partnership	<input type="checkbox"/> Individual / Sole Proprietor	Exempt (Tax exempt/non-profit)
How did you hear about the Program?				

Company Contacts			
Name	Email Address	Phone	Position

Company Information				
Business Type				
Electrical Contractor	Manufacturer	Distributor	Architect	Consultant
Manufacturer's Rep	Retailer	Engineer	Mechanical Contractor (HVAC)	
<b>Please check what measures you are interested in providing (check all that apply)</b>				
Food Service	HVAC Controls	HVAC Replacement		HVAC Tune-up
Refrigeration	Lighting			

**Please note any other comments about your focused specialties.**

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New Jersey Prescriptive/Custom Program

Insurance Information- General Liability			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$1 million	
Insurance Information- Employer's Liability			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$1 million	
Insurance Information- Auto Insurance			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$1 million	
Insurance Information- Excess Umbrella			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$4 million	

## New Jersey Prescriptive/Custom Program

Customer References		
1	Company:	Describe Project:
	Contact:	
	Phone:	
2	Company:	Describe Project:
	Contact:	
	Phone:	
3	Company:	Describe Project:
	Contact:	
	Phone:	
4	Company:	Describe Project:
	Contact:	
	Phone:	

Licenses and Certifications <i>(Please list all applicable licenses and certifications held by your company)</i>			
Type	Number	Issuing Authority	Date

Agreement and Signature		
<p>By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms under penalties of law that the statements made in this application for inclusion as a Prescriptive/Custom Trade Ally have been examined and to the best of his/ her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of the state of New Jersey unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information herein. The applicant understands that this application for inclusion as a Prescriptive/Custom Trade Ally does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Prescriptive/Custom Trade Ally you acknowledge you are acting as an independent entity to provide Energy Efficiency services for the Prescriptive/Custom Program and have not entered into a contractual agreement with Atlantic City Electric, TRC Companies Inc., and all other overlapping utilities.</p>		
Authorized Representative (please print)	Title:	Date:
Signature:		