

## New Jersey Direct Install Program Participating Contractor Application

Thank you for your interest in joining the New Jersey Direct Install program. To become a Participating Contractor, please follow the steps below:

1. Send application to [ACE.EnergySavings@TRCCompanies.com](mailto: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](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp))
    - Current Alternate Name form (dba) filed with the state of NJ, if applicable
  - Company's license/s (e.g. HVAC contractor) applicable to the work your company will perform under the program.
  - MWVBE Certificate (if applicable)
  - Certificate of insurance from your insurer. Required insurance policy and coverage listed below:
    - General Liability Certificate of Insurance, employer's Liability, and Automobile Insurance with minimum of \$1,000,000 coverage, \$4,000,000 of excess of Umbrella.
    - Certificates must be provided for **ATLANTIC CITY ELECTRIC, TRC**, and all other overlapping utility service territories where you intend to operate. See Participation Agreement for more information.
    - Workers Compensation Certificate of Insurance.
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 Direct Install 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 the Direct Install Participating Contractor application, please contact us at [ACE.EnergySavings@TRCCompanies.com](mailto:ACE.EnergySavings@TRCCompanies.com). We are looking forward to working with you, as we continue to leverage the Direct Install Program to assist you in building your business.

Best regards,

ACE Staff

Applicant Information											
Company Name:											
Contact:				Title:			Email:				
Mailing Address:					City:			State:		ZIP:	
Office Phone:					Cell Phone:						
Website:											
Years in Business:		Years under current ownership:		Number of employees:		Number of administrative employees:					
Check any that apply:		Minority Owned			Woman Owned			Veteran Owned			
Federal Tax ID #:			Corporation	Partnership	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)	
Please check what services you are interested in providing (Check all that apply):				
Food Service	HVAC Controls	HVAC Replacement	Refrigeration	
Lighting & Controls	VFDs	Agriculture	C&I Kitchen Equipment	
Please note any other comments about your focused specialties:				

Leads
Do you have any active leads for projects that you plan to submit to the Atlantic City Electric program? If so, please provide details here:

Summary of Insurance			
As noted earlier, you will be required to provide Certificates of Insurance listing ATLATIC CITY ELECTRIC, Program Implementer, and any overlapping utilities where you intend to operate as a condition of participation in this program. For this summary, it is acceptable to note if address and contact is the same for multiple policies.			
General Liability Insurance Information			
Company:			
Mailing Address:	City:	State:	ZIP:
Contact Name:	Phone:	Amount of Coverage: <i>Must be at least \$1 million</i>	
Employer's Liability Insurance Information			
Company:			
Mailing Address:	City:	State:	ZIP:
Contact Name:	Phone:	Amount of Coverage: <i>Must be at least \$1 million</i>	
Auto Insurance Information			
Company:			
Mailing Address:	City:	State:	ZIP:
Contact Name:	Phone:	Amount of Coverage: <i>Must be at least \$1 million</i>	
Excess Umbrella Insurance Information			
Company:			
Mailing Address:	City:	State:	ZIP:
Contact Name:	Phone:	Amount of Coverage: <i>Must be at least \$4 million</i>	

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

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

**Interested in Project Financing from Atlantic City Electric?**

NEIF is the third-party financing agency for the Atlantic City Electric C&I Energy Efficiency programs. By checking below, you, on behalf of your company, authorize TRC to share information and supporting documentation from this application with NEIF to begin their process of authorizing your company as an NEIF Approved Contractor. This status is required to procure financing for your company’s Atlantic City Electric C&I projects. If there are any questions regarding financing, please visit <https://www.neifund.org/atlantic-city-electric-commercial-financing/>.

On behalf of my company, I authorize TRC to share this application and relevant supporting documentation with NEIF.

**Agreement and Signature**

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 Direct Install Participating Contractor 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 Direct Install Participating Contractor does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Direct Install Participating Contractor you acknowledge you are acting as an independent entity to provide Energy Efficiency services for the Direct Install Program and have not entered into a contractual agreement with Atlantic City Electric, TRC Companies Inc., and all other overlapping utilities.

Authorized Representative <i>(please print)</i>	Title:	Date:
Signature:		