

Contractor Information: (Please Print)

Organization/Company Name: _____ Primary Address: _____
 City: _____ State: _____ Zip: _____
 Mailing Address (if different from above): _____
 City: _____ State: _____ Zip: _____
 Phone Number _____ Fax Number: _____
 Contact Name: _____ Email: _____
 Title: _____
Type of Organization: Partnership Joint Venture Sole Proprietor LLC Other (please specify) _____
 Primary Type Of Business: _____
 Date The Organization Was Founded: _____
 What is the maximum distance you are willing to travel from the primary address listed above to a jobsite in miles? (or indicate if statewide) _____

Please list the Names, Titles and Percent Ownership of Principals below: (Attach More If Needed)

Name of Person	Title	% Ownership

Please indicate which of the following qualifications your organization already possess or are willing to acquire in order to participate in weatherization work: (Check All That Apply)

Lead-Safe Certified Firm (USEPA): Now By Start Date
BPI - Building Analyst Professional Certification: Now By Start Date
Registered and in good standing with the New Hampshire Secretary of State: Now By Start Date
Certificate of Insurance: Now By Start Date

Please specify the services your organization can provide: (check all that apply)

General Contracting: Can Provide Directly Can Provide Through a Subcontractor
Insulation Services: Can Provide Directly Can Provide Through a Subcontractor
HVAC Services: Can Provide Directly Can Provide Through a Subcontractor
Plumbing: Can Provide Directly Can Provide Through a Subcontractor
Electrical: Can Provide Directly Can Provide Through a Subcontractor
Roofing: Can Provide Directly Can Provide Through a Subcontractor
Air Sealing: Can Provide Directly Can Provide Through a Subcontractor
Other (Please Specify): _____ Can Provide Directly Can Provide Through a Subcontractor

Please describe any relevant experience and qualifications: _____

If you have provided services to the NHSaves[®] utility partners through Home Energy Performance or Home Energy Assistance as a subcontractor, please explain below: _____

Please list all employees that will be participating in the provision of weatherization services:

Name	Title

Sign Here

Please sign indicating that the information provided is accurate:



Contractor Signature

Date

Print Name

Title

Please also include **PDF** or **JPEG** copies of all applicable certifications showing expiration dates as well as a copy of your company's **IRS W9 form**.