



PSE&G HVAC Instant Rebate Program Participating Contractor Network Application

(Primary Business Name)		(Business Phone)	
(Business Street Address)		(Business Fax)	
(Business City)	(State)	(Zip)	(Business Website)
(President / Owner)	(President / Owner Phone)		(President / Owner Email)
(Primary Contact)	(Primary Contact Phone)		(Primary Contact Email)

Business Assessment

Primary Business: (i.e., HVAC, Gen. Contractor, Insulation, etc.) _____

Business Services Offered: Mini-Split or Central Air-Source Heat Pumps Gas Heating (Hot Air) Gas Plumbing (Boiler and Hot Water Applications) Heat Pump Water Heater Installer

Do you hold a Diverse Business Certification?

- DBE – Disadvantaged Business No Yes (attach copy DBE Certificate)
- MWBE - Minority- and Women- Owned No Yes (attach copy of MWVBE Certificate)
- SDBE - Small Disadvantaged No Yes (attach copy SDBE Certificate)
- VOSB – Veteran-Owned Small Business No Yes (attach copy of VOSB Certificate)
- WBE – Women Owned Business No Yes (attach copy of WBE Certificate)

Business Established: (date) _____ Federal Tax Id No: _____

No. of Jobs Completed This Year: _____ Contractor’s License No(s): _____

No. of Employees: _____ No. of Field Employees: _____ No. of Administrative Employees: _____

Is your business based in New Jersey?* No Yes

*Refer to Contractor Agreement for the definition of this New Jersey based requirement, applicable to PSE&G only)

REQUIRED DOCUMENTS TO ATTACH TO APPLICATION

- New Jersey Division of Revenue Registration (Copy of NJ Business Registration Certificate from the NJ Division of Revenue website for your company https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp)
- Company’s license/s (e.g., Home Improvement Contractor, HVAC Contractor) applicable to the work your company will perform under the Program **and** Printed Copy of Dept. of Consumer Affairs NJHIC Registration from <http://www.njconsumeraffairs.gov/HIC/>

- General Liability Certificate of Insurance, employer's Liability, and Automobile Insurance with minimum of \$1,000,000 coverage, \$2,000,000 of excess of Umbrella, and \$1,000,000 professional liability. Certificates must be provided for all utility service territories where you intend to operate and their related Program Implementation firms.
- Workers Compensation Certificate of Insurance
- Three (3) Customer References with whom we could speak about the work done by your company. Provide customers' full name and address, customers' phone numbers, and a brief description of work done in their home for each reference.
- Current Alternate Name form (dba) filed with the state of NJ, if applicable

Failure to submit this application and all the required documentation as one complete submittal will result in delays of approval.

On the table below, please select which counties you would like to perform services in. Based upon the counties selected, the applicant will need to provide insurance certificates for each utility where you are intending to serve. If the service territory that you service is expanding to a new county, you are required to notify the Utilities servicing the county.

✓	County	Utilities in the County	✓	County	Utilities in the County
	Atlantic	ACE, SJG		Middlesex	JCPL, PSE&G, ETG, NJNG
	Bergen	REC, PSE&G		Monmouth	JCPL, NJNG, PSE&G
	Burlington	ACE, JCPL, PSE&G, NJNG, SJG		Morris	JCPL, PSE&G, NJNG, ETG
	Camden	ACE, PSE&G, SJG		Ocean	JCPL, ACE, PSEG, NJNG
	Cape May	ACE, SJG		Passaic	REC, PSE&G, JCPL
	Cumberland	ACE, SJG		Salem	ACE, SJG
	Essex	PSE&G, JCPL		Somerset	JCPL, PSEG
	Gloucester	ACE, PSE&G, SJG		Sussex	JCPL, ETG, REC
	Hudson	JCPL, PSE&G		Union	JCPL, PSE&G, ETG
	Hunterdon	JCPL, ETG, PSE&G		Warren	JCPL, ETG
	Mercer	JCPL, PSE&G, ETG			

I certify that all the information included above and on accompanying documentation is true and correct, and that I am authorized to sign this application for the company I represent.

SIGNATURE: _____ **DATE:** _____

To complete your application, please submit this form along with your required forms to PSE&GHomeEnergy@icf.com.