

HOME ENERGY AUDITOR APPLICATION

INTRODUCTION

The information submitted in this application will be reviewed by Seattle City Light to determine eligibility to be listed as a Home Energy Auditor ("Auditor") for Seattle City Light's Home Energy Audit Program.

BUSINESS INFORMATION

DATE		BUSINESS NAME	
OWNER NAME		CONTACT NAME (IF DIFFERENT FROM OWNER)	
BUSINESS TYPE <input type="checkbox"/> CORPORATION <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP			
ADDRESS			CITY
STATE	ZIP	E-MAIL	
PHONE	FAX NO.		

For multiple business locations, attach a list of Washington locations, addresses, contact people, e-mail addresses, etc.

RESIDENTIAL ENERGY EFFICIENCY SERVICES

Business provides residential energy efficiency products and/or services for the following (check all that apply):

ENERGY AUDITING AIR SEALING DUCT SEALING HVAC INSULATION WINDOWS OTHER

BUSINESS LICENSE AND REGISTRATION

STATE OF WASHINGTON BUSINESS LICENSE NO.	EXPIRATION DATE
STATE OF WASHINGTON DEPT. OF LABOR AND INDUSTRIES CONTRACTOR REGISTRATION NO.	EXPIRATION DATE

BUSINESS INSURANCE

INSURANCE COMPANY	EXPIRATION DATE
POLICY NO.	INSURED AMOUNT

BUSINESS EXPERIENCE

List experience performing home energy audits and selling and installing energy efficiency products and/or services (use separate sheet if necessary).

NUMBER OF YEARS IN BUSINESS

Do you have any previous experience with Seattle City Light's energy efficiency programs?

NO YES, IF SO DESCRIBE

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CREDENTIALS

Please attach proof of credentials for all relevant accreditations and certifications for each potential Auditor.

NAME	<input type="checkbox"/> BUILDING PERFORMANCE INSTITUTE (BPI) ACCREDITATION <input type="checkbox"/> OTHER
LIST ALL RELEVANT EDUCATION AND/OR TRAINING IN THE LAST FIVE (5) YEARS.	OTHER ACCREDITATION/CERTIFICATIONS
NAME	<input type="checkbox"/> BUILDING PERFORMANCE INSTITUTE (BPI) ACCREDITATION <input type="checkbox"/> OTHER
LIST ALL RELEVANT EDUCATION AND/OR TRAINING IN THE LAST FIVE (5) YEARS.	OTHER ACCREDITATION / CERTIFICATIONS

For additional potential Auditors, attach a list of names, accreditations/certifications, and relevant training within the past 5 years.

ACKNOWLEDGEMENT

By submitting this application, (i) I represent that the information provided is true, (ii) I promise to notify Seattle City Light of any changes, (iii) I acknowledge that completion of this application does not guarantee being listed as an Auditor for Seattle City Light's Home Energy Audit Program, and (iv) I understand that if accepted, I will also have to complete a Auditor Agreement for my company and that all potential Auditors in my company must successfully complete Seattle City Light training prior to being approved by Seattle City Light as an Auditor, and that Seattle City Light contractor standards may be amended over time, requiring reapplication for continued participation.

Owner Signature _____