



# **Be SMART CONTRACTOR APPLICATION and CHECKLIST**

LEGAL NA	ME OF BUSINESS:	TAX I.D. #:
TRADING	AS or DBA NAME:	
PRIMARY	CONTACT NAME:	CELL PHONE #:
PRIMARY	CONTACT EMAIL:	
PARENT C	COMPANY (if any):	
	Y ADDRESS:	
PHONE #:		FAX #:
LEGAL FO	RM:CorporationPartnership Sole Pro	prietor NUMBER OF EMPLOYEES:
SERVICES	PROVIDED (check all that apply):	
🗆 HEA	TING	OIL GAS PROPANE OTHER FUEL
	DLING	WEATHERIZATION AUDITING & IMPROVEMENTS
	NDOWS/DOORS	
	NG/ROOFING	AIR SEALING/INSULATION
🗆 GEN	IERAL REMODELING	ELECTRICAL/LIGHTING
🗆 SOL	AR PV 🗆 SOLAR THERMAL 🗆 GEOTHERMAL	APPLIANCE INSTALLATION
COUNTIES	YOU SERVICE: (1) (2)	
	АРР	YING FOR:
	Be SMART ENERGY STAR PROGRAM	Be SMART HOME COMPLETE PROGRAM
	For ENERGY STAR appliance upgrades, & energy efficient heating & cooling systems, ventilating fans, programmable thermostats, ceiling fans, windows and doors. <u>MUST BE:</u>	For improvements recommended by a Certified Energy Audit, may include: air infiltration reduction, insulation in attic, floors& walls, hot water system improvements, furnace maintenance or replacement, and lighting retrofit. <u>MUST BE:</u>
	LICENSED, INSURED & RRP CERTIFIED	LICENSED, INSURED, BONDED, Certified by the Building Performance Institute (BPI)*, have completed Weatherization training, and RRP certified.

Be SMART Contractor Application

# **CONTRACTOR APPLICATION**

\*Building Performance Institute (BPI) certifications and Weatherization training through the Construction and Energy Technologies Education Consortium (CETEC) or its equivalent, to include successful completion of Weatherization Tactics, Home Energy Analysis, Advanced Envelope and Lead: Renovation, Repair and Painting courses.

HERS RATER #	[if applicable]: _				
MHIC or RELEV	ANT LICENSE #:				
DUNS #:					
INSURED: 🗆 Y	ES 🗆 NO 🛛 A	MOUNT: \$			
Please check b	elow all certifica	tions that apply:			
	BPI	NAME OF CERTIFIED INDIVIDUAL (s):			
	RESNET	NAME OF CERTIFIED INDIVIDUAL (s):			
	AEE	NAME OF CERTIFIED INDIVIDUAL (s):			
	NATE	NAME OF CERTIFIED INDIVIDUAL (s):			
	ASHRAE	NAME OF CERTIFIED INDIVIDUAL (s):			
	WAP	NAME OF CERTIFIED INDIVIDUAL (s):			
	RRP	NAME OF CERTIFIED INDIVIDUAL (s):			
	State-specific	NAME OF CERTIFIED INDIVIDUAL (s):			
	Other	NAME OF CERTIFIED INDIVIDUAL (s):			
TRADE ASSOCIATION MEMBER:					
THREE CUSTO	MER REFERENCE	5:			
Name		Address or E-mail			
1					
2					
3					

I certify that the above information is true and correct and understand that the Maryland Department of Housing and Community Development may make reference inquiries and that it may order credit reports, Better Business Bureau and/or Dun and Bradstreet reports, and/or independent background investigations on the company and principals. By signing here and Attachment A, I agree to follow all program rules, special terms and conditions, and contractor's responsibilities for reporting information required by the Department of Energy through the Maryland Department of Housing and Community Development. Furthermore, I agree to follow the Waste Management Plan that is signed and affixed to this application package.

Authorized Signer [Signature]

Date: \_\_\_\_\_

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Title:

#### **DOCUMENTS REQUIRED FOR PROCESSING**

### **BE SMART CONTRACTOR APPLICATION**

### PLEASE NOTE:

- MUST BE LICENSED, INSURED, and RRP CERTIFIED FOR ENERGY STAR PROGRAM
- MUST BE LICENSED, INSURED, BPI, WAP, and RRP CERTIFIED FOR HOME COMPLETE PROGRAM
- APPLICATION SIGNATURE REQUIRED
- RETURN COPY OF LAST PAGE OF ARRA SPECIAL TERMS AND CONDITIONS (ATTACHMENT A) WITH APPLICATION *SIGNATURE REQUIRED*
- WASTE MANAGEMENT PLAN (APPENDIX D-1, PRE-CONSTRUCTION WMP) *SIGNATURE REQUIRED*
- COPY OF MHIC or RELEVANT LICENSE
- EVIDENCE OF LIABILITY INSURANCE
- EVIDENCE OF BOND
- COPY OF BPI CERTIFICATE (minimum requirement for home complete program participation)
- RRP CERTIFIED (minimum requirement for energy star program participation)
- COPY OF WEATHERIZATION TRAINING CERTIFICATES or other equivalent training

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