



## EnergySmart Residential Solar PV Contractor Partnership Program Application

For consideration to the EnergySmart Residential Solar PV Contractor Partnership Program, applicants will need to comply with the following (details and documentation to follow):

- Be certified to install as a solar photovoltaic systems installation professional by the North American Board of Certified Energy Professionals (NABCEP)
- Show proof of no less than three (3) years operating as a legal business in Good Standing with the State of Colorado. Documentation may be provided by the original Articles of Incorporation or other legal business filings with the Colorado Secretary of State
- Provide Contractor License(s) for Boulder County and/or all municipal licenses within Boulder County where you will be performing paid services
- Show Proof of Insurance
- Membership with the Colorado Solar & Storage Association (COSSA) preferred

Applications will be reviewed by the appropriate staff to evaluate each application for completeness and compliance with program requirements. Application submittal does not guarantee participation in the EnergySmart Residential Solar Contractor Partnership Program.

EnergySmart may at its sole discretion suspend or remove any solar contractor partner from the partnership program for customer service, workmanship or other performance issues.

### **STEP 1: Complete Application Form**

Company Name \_\_\_\_\_

Primary Contact Name and Title \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Technical Lead \_\_\_\_\_

Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Company Web Site \_\_\_\_\_

Company Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Years in Business in the State of Colorado \_\_\_\_\_

## Legal

Please answer each of the following. Please ATTACH explanations for any "Yes" responses:

- Has the Contractor/Company been denied prequalification, declared non-responsible, or otherwise declared ineligible to submit bids or proposals for work by any federal, state or local government agency or private enterprise? \_\_\_\_\_
- Has the Contractor/Company been removed, suspended or otherwise prohibited from doing business with any federal, state or local government agency, utility-run program, or private enterprise? \_\_\_\_\_
- Has the Contractor/Company had any business or professional license, registration, certificate or certification suspended or revoked? \_\_\_\_\_
- Does the Contractor/Company have any lawsuits pending against it in any jurisdiction?  
\_\_\_\_\_

## **STEP 2: Provide the Following Endorsement Information:**

***NOTE ON SUB-CONTRACTING:*** Contractors in the pool are responsible for ensuring that the work of their subcontractors meets program licensing, certification, and installation standards.

***SOLAR PHOTOVOTAIC CERTIFICATION:*** Each Company must have at least one manager on staff with the following required NABCEP PV INSTALLATION certification.

Manager Name (1) \_\_\_\_\_ Title \_\_\_\_\_  
Certification Type: \_\_\_\_\_ Certification # \_\_\_\_\_ Expires \_\_\_\_\_

Manager Name (2) \_\_\_\_\_ Title \_\_\_\_\_  
Certification Type: \_\_\_\_\_ Certification # \_\_\_\_\_ Expires \_\_\_\_\_

**COLORADO SECRETARY OF STATE ARTICLES OF BUSINESS:**

Legal Name of Business\*: \_\_\_\_\_

ID Number: \_\_\_\_\_

Formation Date (as noted by the Colo Secretary of State) \_\_\_\_\_

*\* if there has been a filing change that would affect validating the three years as a legal business entity in Colorado, please attach an explanation and any appropriate documentation.*

**STEP 3: Agreement to Insurance Requirements:**

Boulder County requires liability insurance with minimum limits of \$1,000,000.00 combined single limit for each occurrence and Certificate of Workman’s Compensation Insurance, statutory level.

If admitted to the EnergySmart Residential Solar PV Contractor Partnership Program, contractor agrees to provide Certificates of Insurance indicating in the Additional Remarks section of the policy that Boulder County and CLEAResult are named as additionally insured. In the case of Boulder County, it should read: County of Boulder, State of Colorado, a Body Corporate and Politic, is Named as Additional Insured.

These Certificates of Insurance shall also contain a valid provision or endorsement that these policies may not be canceled, terminated, changed or modified without **thirty (30) days** written notice to all Certificate Holders.

By checking these boxes below, Contractor agrees to insurance requirements, if admitted to either the EnergySmart pool:

- Certificate of Workman’s Compensation Insurance, statutory level
- Certify that I am exempt from Workman’s Compensation requirements per statute
- Certificate of Liability Insurance

**STEP 4: Please attach the follow documents:**

- Any / all local Contractor Licenses for Boulder County and/or any municipality for wherever you will be engaging in business within Boulder County.

The person signing this application represents and warrants that he or she is duly authorized and has legal capacity to bind the company listed above to the terms set forth in this application, and to submit this application on behalf of such company. The person signing this solicitation certifies that all information contained herein is accurate and complete, and that he or she has read and understood the terms and conditions set forth in this application.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

## Submittal Instructions

Please complete the attached Application and return it, along with all required documentation, to the person noted below. Please note that email is the preferred method for submitting forms.

E-mail: [dylan.king@clearesult.com](mailto:dylan.king@clearesult.com)

**NOTE:** if emailing, please remember to also **scan** and send (or fax) the signature page (pg 7).

**US Mail:** Attn: Contractor Services Department  
1722 14th St, Suite 210  
Boulder, CO 80302

**Fax:** Attn: Contractor Services Department  
303-446-7898

**NOTE:** If you are submitting a hard copy response via US Mail, please submit your document in 11 point font, printed double-sided, on at least 50% post-consumer recycled paper.

### **Americans with Disabilities Act (ADA):**

If you need special services provided for under the Americans with Disabilities Act, contact the ADA Coordinator, or the Boulder County Human Resources office at 303-441-3508.

### **What to expect next:**

This application will be reviewed and if your company meets the requirements, our Contractor Manager will reach out to the contact person listed above to schedule:

END OF DOCUMENT