

Contractor Participation Application



CONTRACTOR / INSTALLER				
Business Information				
Company Name:		Email Address:		
Work Phone:	Mobile Phone:		Fax Number:	
Street Address Line 1:				
Street Address Line 2:				
City:	State:	Postal Code:	County:	
Year Business Established (under present company name):		Website:		
Would you like us to host a Florida PACE Funding Agency Contractor Website on your behalf? (If yes, we will contact you to gather details, graphics and applicable text): Yes No				
Energy audits provided (check all that apply): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Building Analyst - BPI HERS Rater - RESNET Licensed Professional Engineer </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Certified Energy Auditor - Association of Energy Engineers Utility Conducted Audit </div>				
Contact Information				
Contractor Name:		Email Address:		
Work Phone:	Mobile Phone:		Fax Number:	
Street Address Line 1:				
Street Address Line 2:				
City:	State:	Postal Code:	County:	
Availability				
Please check off your preferred method of communication:				
<input type="checkbox"/> Work Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Fax	
PROPERTY & SERVICE INFORMATION				
Property Classifications & Services Offered				
Property Classifications (check all that apply):				
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other _____	
Qualifying Improvements (check all that apply):				
Energy Efficiency		Wind Resistance		Renewable Generation
Examples of Qualifying Improvements <ul style="list-style-type: none"> • Air sealing • Efficient HVAC • Increase Daylight • Windows • Energy Controls/Recovery • EV Charging Equipment • Efficient Lighting 		Examples of Qualifying Improvements <ul style="list-style-type: none"> • Roof Strengthening • Wind-resistant Shingles • Gable-end Bracing • Hurricane Tie-downs • Storm Shutters • Opening Protection 		Examples of Qualifying Improvements <ul style="list-style-type: none"> • Solar Thermal • Solar PV



Contact a Florida PACE Funding Agency Program Representative at: (866) 558-3180, or Email: info@FloridaPACE.gov

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STATE OF FLORIDA			
Certified License Information (for listed contact)			
Certified License Number:	Type of Certified Contractor License (click one):	State	Municipal
Certified License Expiration Date (MM/DD/YYYY):	Certified Licensure City:	Certified Licensure County:	
Registered License Information (for listed contact)			
Registered License Number:	Type of Registered Contractor License (click one):	State	Municipal
Registered License Expiration Date (MM/DD/YYYY):	Registered Licensure City:	Registered Licensure County:	
Local Government License Information (for listed contact)			
Local Government License Number:	Type of Registered Contractor License (click one):	State	Municipal
Registered License Expiration Date (MM/DD/YYYY):	Registered Licensure City:	Registered Licensure County:	
Local Government Licensure: <ul style="list-style-type: none"> The State listing of registered licensure may not include registrations obtained at the municipal level. This will need to be verified. Contractors may have 1 or more licenses or registrations. For additional licenses, please attach a separate listing containing all the information as above. Some Contractors may not have any (e.g., Insulation Installers). 			
Acknowledgement & Signature			
<p>I acknowledge that I have read and accepted the Terms and Conditions and the Program Code of Conduct as instructed on the FloridaPACE.gov website.</p> <p>I acknowledge that the information provided herein is true, correct, and complete, to the best of my knowledge and belief.</p> <p>I acknowledge that the application fee of \$50 is not refundable.</p> <p>I acknowledge and understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.</p>			
_____ Print Name:		_____ Date (MM/DD/YYYY):	
_____ Signature:		_____ Date (MM/DD/YYYY):	
Submittal Options			
<p style="text-align: center;">Make Checks Payable to: SEE&I</p> <ul style="list-style-type: none"> (1) Upload the saved and completed application on the FloridaPACE.gov website, then mail the non-refundable application fee of \$50 to SAIC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801. (2) Fax the completed and signed application to (407) 648-8382, then mail the non-refundable application fee of \$50 to SAIC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801. (3) Mail the completed and signed application, and non-refundable application fee of \$50 to SAIC – PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801. 			
For Office Use Only			
Annual Application Fee:	Application Acceptance Date (MM/DD/YYYY):		

