

CONTRACTOR / INSTALLER				
<b>Business Information</b>				
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):	Building Analyst - BPI	HERS Rater - RESNET	Lincensed Professional Engineer	
	Utility Conducted Audit	Certified Energy Auditor - Association of Energy Engineers		
<b>Contact Information</b>				
Contractor Name:		Email Address:		
Work Phone:	Mobile Phone:		Fax Number:	
Street Address Line 1:				
Street Address Line 2:				
City:	State:	Postal Code:	County:	
<b>Availability</b>				
Please check off your preferred method of communication:	Work Phone	Mobile Phone	Email	Fax
<b>Property Classifications &amp; Services Offered</b>				
Property Classifications (check all that apply):	Residential	Commercial	Industrial	Other: _____
Qualifying Improvements (check all that apply):				
<b>Energy Efficiency</b> <b>Examples Include:</b> <ul style="list-style-type: none"> <li>• Air sealing</li> <li>• Efficient HVAC</li> <li>• Increase Daylight</li> <li>• Windows</li> </ul>		<b>Wind Resistance</b> <b>Examples Include:</b> <ul style="list-style-type: none"> <li>• Roof Strengthening</li> <li>• Wind-resistant Shingles</li> <li>• Gable-end Bracing</li> </ul>		<b>Renewable Generation</b> <b>Examples Include:</b> <ul style="list-style-type: none"> <li>• Solar Thermal</li> <li>• Solar PV</li> </ul>

STATE OF FLORIDA		
<b>Certified License Information</b> (for listed contact)		
Certified License Number:	Type of Certified Contractor License (select one): State Municipal	
Certified License Expiration Date (MM/DD/YYYY):	Certified Licensure City:	Certified Licensure County:
<b>Registered License Information</b> (for listed contact)		
Registered License Number:	Type of Registered Contractor License (select one): State Municipal	
Registered License Expiration Date (MM/DD/YYYY):	Registered Licensure City:	Registered Licensure County:
<b>Local Government License Information</b> (for listed contact)		
Local Government License Number:	Type of Local Government License (select one): State Municipal	
Local Government License Expiration Date (MM/DD/YYYY):	Local Government Licensure City:	Local Government Licensure County:
Local Government Licensure: <ul style="list-style-type: none"> <li>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 licensures, please attach a separate listing containing all the information as above.</li> <li>Some Contractors may not have any (e.g., Insulation Installers).</li> </ul>		
<b>Insurance Information</b> (for Business)		
Insurance Company Name:		
Policy Number:	Type of Coverage:	Expiration Date (MM/DD/YYYY):
<b>Acknowledgement &amp; Signature</b>		
I acknowledge that I have read and accepted the Terms and Conditions and the Program Code of Conduct as instructed on the E VEST Florida website. I acknowledge that the information herein is true, correct, and complete, to the best of my knowledge and belief. I acknowledge that the application fee of \$50 is not refundable. I acknowledge and understand that if I am accepted as a qualified Contractor, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.		
_____ Print Name		
_____ Signature		
_____ Date (MM/DD/YYYY)		
<b>Application Submission &amp; Fee</b>		
<p align="center"><b><u>Make Checks Payable to: Leidos Engineering, LLC</u></b></p> <ul style="list-style-type: none"> <li>Please <b>UPLOAD</b> your completed and signed application to the <b>EVESTFlorida.com</b> Website, or</li> <li><b>FAX</b> the aforementioned document to (407) 648-8382, or</li> <li><b>MAIL</b> your application to the following address:  <b>LEIDOS ENGINEERING, LLC - PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801</b></li> </ul> <p><b><i>*Your non-refundable application fee of \$50 must be mailed to the above address. Applications will be reviewed upon receipt of application and application fee.</i></b></p>		
<b>For Office Use Only</b>		
Annual Application Fee:	Application Acceptance Date (MM/DD/YYYY):	

Contact an E|VEST Florida Program Representative at: (866) 558-3180, or click the following to send an Email: [info@E|VESTFlorida.com](mailto:info@E|VESTFlorida.com)