

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:		
Energy audits provided (select all that apply):	Building Analyst - BPI Utility Conducted Audit	HERS Rater - RESNET Certified Energy Auditor - Association of Energy Engineers	Licensed Professional Engineer	
<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 select your preferred method of communication:	Work Phone	Mobile Phone	Email	Fax
<b>Property Classifications &amp; Services Offered</b>				
Property Classifications (select all that apply):	Residential	Commercial	Industrial	Other: _____
Qualifying Improvements (select all that apply):				
Energy Efficiency <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> <li>• Energy Controls/Recovery</li> <li>• EV Charging Equipment</li> <li>• Efficient Lighting</li> </ul>	Wind Resistance <b>Examples Include:</b> <ul style="list-style-type: none"> <li>• Roof Strengthening</li> <li>• Wind-resistant Shingles</li> <li>• Gable-end Bracing</li> <li>• Hurricane Tie-downs</li> <li>• Storm Shutters</li> <li>• Opening Protection</li> </ul>	Renewable Generation <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>Acknowledgment &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>EMAIL</b> your completed and signed application to <a href="mailto:info@EVESTFlorida.com">info@EVESTFlorida.com</a>; 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@EVESTFlorida.com](mailto:info@EVESTFlorida.com)