

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):	Building Analyst - BPI	HERS Rater - RESNET	Lincensed Professional Engineer	
	Utility Conducted Audit	Certified Energy Auditor - Association of Energy Engineers		
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:	Work Phone	Mobile Phone	Email	Fax
Property Classifications & Services Offered				
Property Classifications (check all that apply):	Residential	Commercial	Industrial	Other: _____
Qualifying Improvements (check all that apply):				
Energy Efficiency Examples Include: <ul style="list-style-type: none"> • Air sealing • Efficient HVAC • Increase Daylight • Windows 		Wind Resistance Examples Include: <ul style="list-style-type: none"> • Roof Strengthening • Wind-resistant Shingles • Gable-end Bracing 		Renewable Generation Examples Include: <ul style="list-style-type: none"> • Solar Thermal • Solar PV

STATE OF FLORIDA			
Certified License Information (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:	
Registered License Information (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:	
Local Government License Information (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"> 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. Some Contractors may not have any (e.g., Insulation Installers). 			
Insurance Information (for Business)			
Insurance Company Name:			
Policy Number:	Type of Coverage:	Expiration Date (MM/DD/YYYY):	
Acknowledgment & Signature			
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)	
Application Submission & Fee			
<p align="center"><u>Make Checks Payable to: Leidos Engineering, LLC</u></p> <ul style="list-style-type: none"> Please EMAIL your completed and signed application to info@EVESTFlorida.com; or FAX the aforementioned document to (407) 648-8382, or MAIL your application to the following address: LEIDOS ENGINEERING, LLC - PACE Processing, 1000 Legion Place, Suite 1100, Orlando, FL 32801 <p><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></p>			
For Office Use Only			
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