

# City of McCleary

## Registered Contractor Application - Conservation Program

### APPLICANT INFORMATION

*Please print or type*

Name of Firm:	_____	Contractor License:	_____
Street Address:	_____	WA State Tax Number:	_____
Mailing Address:	_____	MBE Certification:	_____
City/State/Zip:	_____	WBE Certification:	_____
Telephone:	_____		
Cell Phone:	_____		
Fax:	_____		
Contact Name:	_____		
Email Address:	_____		

### BUSINESS CLASSIFICATION

*Date Established*

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

### APPLICABLE AREAS OF WORK

*Please check all applicable areas of work*

<input type="checkbox"/> Lighting - Residential (Energy Star Fixtures, CFLs, etc)	<input type="checkbox"/> Green Built Energy Star Home Builder
<input type="checkbox"/> Lighting - Commercial (Ballasts, fixtures, controls, etc)	<input type="checkbox"/> NEEM Manufactured Homes
<input type="checkbox"/> Windows	<input type="checkbox"/> Air - Sealing
<input type="checkbox"/> Insulation	<input type="checkbox"/> Duct Sealing
<input type="checkbox"/> Mechanical (Ductless Heat Pumps)	<input type="checkbox"/> Testing (Duct seal test , blower door test)
<input type="checkbox"/> Mechanical (Ducted Heat Pumps — Ground Source)	<input type="checkbox"/> Plumbing (Shower Heads, Water Heaters, Washing Machines, Refrigerators Etc)
<input type="checkbox"/> Mechanical (Ducted Heat Pumps — Air Source)	

### STATEMENT OF CERTIFICATION

*By signature below, I acknowledge that I have read and understand the requirements described in this application and to the best of my knowledge the information provided is a true representation of the named firm's ability to perform any contracts which may result by submittal of this application.*

\_\_\_\_\_  
Name Title Date: \_\_\_\_\_