**DOE ESCO APPLICATION FORM**

**GENERAL INFORMATION**

**Name of Firm :**

**Address :**

**Tax Account Number :**

**Primary Contact Name/Title :**

**Secondary Contact Name/Title :**

**Telephone Nos. :**

**Fax No. :**

**E-mail Address :**

**Website (if any) :**

**Type of Application:** a) New Application b) Renewal

**ESCO Function For:** General Building Industrial System/Others

 System/Others: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Assurances:**

By signing this application form and this set of assurances, I hereby acknowledge the following conditions of the Energy Utilization Management Bureau (EUMB)/Energy Efficiency and Conservation Program Management and Technology Promotion Division (EPMPD) and agree to abide by them if this application is accredited.

1. I agree to submit a complete registration/certification requirement documents and to abide to the accreditation criteria for ESCO.
2. I hereby authorized the EPMPD of DOE to make direct inquiries to any person, firm, or organization named in the application to verify the information submitted herein.
3. I agree to make all equipment purchased and installed in conjunction with our energy efficiency projects available for on-site inspection by EPMPD staff.
4. I agree to provide and report the energy consumption data for the ESCO project and performance data of all equipment installed in conjunction with the said project for a period of at least five years.
5. I agree to provide a copy of project cost statement and have photographs taken of the projects including equipment and to allow summary of projects results to be published by the EPMPD staff.
6. I agree to allow the DOE energy audit section to conduct a full scale energy audit of my implemented energy efficiency projects.
7. I further agree that if we provide false or misleading information on our application form or otherwise fail to demonstrate that we have sufficient experience or qualifications to perform as ESCO, the EPMPD has the right to suspend without prior notice my accreditation from the Registration.
8. I, the undersigned, hereby apply for the registration/certification with EPMPD and certify that, to the best of my knowledge, the particulars given in this application and all accompanying documents/information are true and correct.

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| --- | --- |
| NAME (please type or print): | TITLE: |
| SIGNATURE: | DATE: |