

Large Building Tune-up Service Provider Application

I. COMPANY INFORMATION								
Company Name								
Contact	Title	Email						
Mailing Address								
City State Zip								
Company Telephone	Company Fax Regional Office Telephone							
Company Website	Years in Business	Years under current ownership	Number of employees in MD					
Regional Office(s) (Attach additional sheets as necessary)								
Regional Office Telephone	egional Office Telephone Company Website							
Business Type (if applicable)								
☐ Minority Owned Bus	☐ Minority Owned Business ☐ Woman Owned Business ☐ Veteran Owned Business							
Service Area (check all that apply)								
☐ Baltimore City	☐ Baltimore County	Anne Arundel, Prince Georg	ge's and Calvert County					
☐ Carroll and Frederick County	☐ Howard and Montgomery County	☐ Harford and Cecil County						
II. CONTACT INFORMATION								
Sales Contact (for customer inquiries)Phone Number								
Email Technical Contact Name Phone Number								
Email								
III. COMMISSIONING CERTIFICATION INFORMATION								
We accept certifications from the following 5 organizations. If you are not certified by one of these organizations, please go to Section V. Customer References.								
□ Certified Commissioning Professional (CCP): <u>Building Commissioning Association (BCA)</u>								
☐ Certified Commissioning Provider: Associated Air Balancing Council Commissioning Group (ACG)								
□ Accredited Commissioning Process Provider: <u>University of Wisconsin at Madison (UWM)</u>								
□ Systems Commissioning Administrator: National Environmental Balancing Bureau (NEBB)								
☐ Certified Building Commissioning Professional (CBCP®): <u>Association of Energy Engineers (AEE)</u>								
IV. NOTES								
If you are certified by one of the organizations above, please submit proof of certification along with your application.								
• If you cannot produce a certification from one of the organizations above, you MUST submit 2 customer references below. All customer references will be qualified by the program and all must be completed by the individual named or listed above as the Technical Contact.								
Technical contact name and name on certificate must be the same.								
I (or an employee of my company) have attended a Building Tune-up Service Provider training.								
Attendee Name	lee Name Location and Date Attended							

V. CUSTOMER REFERENCES								
If	you did not include a certification above, please complete this section.							
			Phone					
	escribe Project including total square feet and \$ amount							
_	omnony Contact		Dhono					
	Company Contact Phone Describe Project including total square feet and \$ amount							
_								
VI	. TERMS & CONDITIONS							
 BGE provides the list of Service Providers for informational purposes only. BGE makes no warranty of any kind whatsoever, including, without limitation, the warranty of merchantability or fitness for purpose. Under no circumstances will BGE be liable for indirect, special, consequential, punitive or exemplary damages. Company shall offer and provide the services to BGE's customers in accordance with the terms and conditions of BGE's Smart Energy Savers Program*. Company is not a contractor, subcontractor or agent of BGE. BGE shall have no liability for claims of any kind, whether based on contract, tort (including negligence and strict liability) or otherwise, for any loss or damage sustained or incurred by any third party relating to this Service Provider's application or the performance of services or participation by Company in the Programs. Company hereby releases BGE from all liability for such claims. Company shall, to the fullest extent permitted by law, indemnify, defend, and hold harmless BGE and its affiliates, and their respective officers, directors, agents, employers and representatives from and against any and all losses, claims, damages, expenses (including attorney's fees and costs) and liabilities arising out of or based upon property damage or bodily injury to any person caused by or related to the performance of the services or participation by Company in the programs. 		 4. Except as otherwise permitted herein, Company shall not refer to BGE or any company affiliated with BGE in any advertising or other publication in connection with Company's participation in the Programs or work performed by Company under the Programs without the prior written approval of BGE. Except as otherwise permitted herein, Company shall not, either directly or indirectly, publish or disclose any photographs, images, logos, copyrighted or trademark protected information of BGE or its affiliates, or use such information for the benefit of itself or any other person or entity without the prior written consent of BGE. 5. Company acknowledges and agrees that Company's participation in the Programs is in no way to be construed as an endorsement by BGE of Company's work. 6. Misrepresentation of information stated on this application or future rebate applications will not be tolerated. Service Providers found to have intentionally misrepresented information or who have violated the Terms & Conditions will be subject to removal or restricted program participation. 						
VII	I. APPLICATION CHECKLIST							
	 Please include the following items: 1. Complete and signed applica 	tion	2. Certificate of Insurance					
VII	II. AGREEMENT AND SIGNATURE							
pro Ap ap _l Ap	my signature below, I hereby warrant and represent that (i) I am duly authorize ovided in this Application, the Certificate of Insurance and any other related doc plication in its entirety; and (iv) I understand and accept the Terms and Condition proval or rejection of the Application is in the sole discretion of BGE and that on plicant be a Service Provider of BGE. BGE encourages electronic submission. A fame force and effect as an original signature.	ume ons c ly up	ents delivered to BGE, is true, accurate an contained in this Application. I further unc pon receipt of any Program-Specific Appli	d complete; (iii) I have read this derstand and accept that the cation Approval Notice will				
Au	thorized Representative		Title	Date				
 (pl	ease print)							
Sig	nature							

For more information about the program, go to <u>BGESmartEnergy.com</u> or call 410.290.1202.

Please submit for review via one of the following: Fax 844.545.2302, email <u>Business@BGESmartEnergy.com</u> or mail to: BGE Smart Energy Savers Program®, c/o ICF International, 7125 Thomas Edison Drive, Suite 100, Columbia, MD 21046

This program supports the EmPOWER Maryland Energy Efficiency Act.

 $\ensuremath{\mathfrak{G}}$ Printed on recycled paper using environmentally friendly inks.