**Application – Inspector Qualification Form**

Company Name: Click here to enter text.

Federal Tax ID# Click here to enter text. EIN# Click here to enter text.

Street Address: Click here to enter text.

City: Click here to enter text. State: Click here. ZIP: Click here.

Phone Number: Click here to enter text. Mobile Number: Click here to enter text.

Website: Click here to enter text.

Contact Person: Click here to enter text. Email: Click here to enter text.

**Company Description**

Please describe your company’s history, current services, and number of employees. Please summarize the experience of your firm with the subject technologies, including years of experience, number, type, and size of completed installations or inspections, noting geographical service region. Identify primary brand(s) of equipment used in projects and identify the other firms / contractors directly associated with these projects.

**Has firm been active in other States? If “Yes” please list other States and companies that contracted for your services.**

**Yes  No**

**If yes, please describe**

Click here to enter text.

### Attachment A - Individual Qualifications Form

Detail and document all relevant education, training, licensing, and certifications obtained by firm members who will be inspecting projects. For each of the individuals who will be acting as on on-site inspector, please complete an “Individual Qualifications Form” as shown below. Please include the resumes of key individuals if available. Provide license numbers and relevant certifications on the “Qualifications Form” where appropriate. NOTE: Please copy and paste page(s) as necessary.

Name: Click here to enter text. Title: Click here to enter text.

Telephone number Click here to enter text. Email address: Click here to enter text.

**Training Courses Taken:**

*Course Name Training Organization Course Date*

1 Click here to enter text. Click here to enter text. Click here.

2 Click here to enter text. Click here to enter text. Click here.

3 Click here to enter text. Click here to enter text. Click here.

4 Click here to enter text. Click here to enter text. Click here.

**Example:**

*Course Name Training Organization Course Date*

*1 Design and Installation of ST Systems, SUNY Farmingdale Aug 12-16, 2019*

**Licenses/Certifications**  Lic/Cert #

1 Click here to enter text. Click here.

2 Click here to enter text. Click here.

3 Click here to enter text. Click here.

4 Click here to enter text. Click here.

(Please attach copies of all licenses or certificates listed above)

**Experience:**

Please summarize this person’s experience with relevant systems:

Click here to enter text.

### Attachment B - Customer References

Please provide a list of at least five (5) customers, accompanied by the approximate date and a brief description of work or services performed. This list will be used solely for purposes of this evaluation process and will be returned to the applicant within 60 days of submission, if requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| “I hereby authorize Green Bank to contact any of my customers for references.” | | | | |
| **Customer Name** | **City/State** | **System Type/Size** | **Telephone No.** | **Date of Project** |
| Click here. | Click here. | Click here. | Click here. | Click here. |
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On the next page, please indicate on the table all technologies with which you are qualified to review and inspect for installation and operational quality. If you are able to inspect all of the listed technologies, you can check off the box at the end for “all of the above”. Please also note any other technologies you would be able to inspect, in addition to the list on the following page. **Attachment C – Eligible Technologies**

|  |  |
| --- | --- |
|  | Air Sealing |
|  | Furnaces & Boilers: Propane, Oil, or Natural Gas |
|  | Central Air Conditioning |
|  | Duct Sealing |
|  | Air-Source Heat Pumps |
|  | Ductless Mini-Splits |
|  | HVAC upgrades such as elevating/relocating equipment |
|  | Plumbing upgrades such as relocating fittings and valves |
|  | Insulation (eg, attic, floor, wall) |
|  | Energy Efficient Lighting Systems |
|  | Energy Efficiency Heating Controls |
|  | Roof Repairs/Structural Remediation |
|  | Tree removal for solar PV |
|  | Solar PV/Inverters & Related Equipment |
|  | Battery Energy Storage Systems (BESS) |
|  | Window Replacements |
|  | Solar Hot Water |
|  | Hot Water Heating (eg. Natural gas, propane), including tankless |
|  | Heat Pump Hot Water Heaters |
|  | Electrical upgrades, such as main panel upgrades, adding sub-panels, or upgrading existing wiring |
|  | Energy Star Appliances |
|  | Mold Remediation |
|  | Asbestos Remediation |
|  | Lead Pipe Replacement |
|  | Replace impervious surfaces |
|  | Install sump pump |
|  | Install French drains |
|  | Onsite wastewater replacement |
|  | Sewer back-flow preventers |
|  | Sewer line replacement/re-lining |
|  | Flood proofing, such as basement windows, vents, wall sealant |
|  | Well improvements, such as filtration, connecting to public water, drilling, or relocating equipment |
|  | Dam maintenance and removal |
|  | Other technologies as needed. Please describe below. |