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## New Jersey Direct Install Program Participating Contractor Application

Thank you for your interest in joining the New Jersey Direct Install program. To become a Participating Contractor, please follow the steps below:

1. Send application to [ACEnj@fsgi.com](mailto:ACEnj@fsgi.com) with the following attached:
  - a. Completed application.
  - b. Completed W-9 Form
  - c. New Jersey Division of Revenue Registration (Copy of NJ Business Registration Certificate from the NJ Division of Revenue website for your company [https://www1.state.nj.us/TYTR\\_BRC/jsp/BRCLoginJsp.jsp](https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp))
  - d. Company's license/s (e.g. HVAC Contractor) applicable to the work your company will perform under the Program
  - e. MWVBE Certificate (If applicable)
  - f. Certificate of insurance from your insurer. Required insurance policy and coverage listed below:
    - i. General Liability Certificate of Insurance, employer's Liability, and Automobile Insurance with minimum of \$1,000,000 coverage, \$4,000,000 of excess of Umbrella.
    - ii. Certificates must be provided for **ATLANTIC CITY ELECTRIC, TRC, FACILITY SOLUTIONS GROUP (FSG)**, and all other overlapping utility service territories where you intend to operate. See Participation Agreement for more information.
    - iii. Workers Compensation Certificate of Insurance:
  - g. Current Alternate Name form (dba) filed with the state of NJ, if applicable
  - h. Program Training: The Trade Ally agrees to requiring at least one person from the Trade Ally's firm to participate in an initial program training session, plus additional training updates as needed. All training requirements for the Direct Install Program may be in addition to other training requirements for **ATLANTIC CITY ELECTRIC** administered programs.

If you have any questions, comments, and/or need clarifications regarding the Direct Install Participating Contractor application, please contact us at [ACEnj@fsgi.com](mailto:ACEnj@fsgi.com). We are looking forward to working with you, as we continue to leverage the Direct Install Program to assist you in building your business.

Best regards,

ACE Staff

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## New Jersey Direct Install Program

Applicant Information				
Company Name:				
Contact:	Title:		Email:	
Mailing Address:		City:	State:	Zip:
Office phone:		Cell:	Fax:	
Website:				
Years in Business:	Years under current ownership:	Number of employees:	Number of administrative employees:	
Circle Any that Apply:	Minority Owned Business	Women Owned Business	Veteran Owned Business	
Federal Tax ID:	Corporation	Partnership	Individual / Sole Proprietor	Exempt (Tax exempt/non-profit)
How did you hear about the Program?				

Company Contacts			
Name	Email Address	Phone	Position

Company Information				
Business Type				
Electrical Contractor	Manufacturer	Distributor	Architect	Consultant
Manufacturer's Rep	Retailer	Engineer	Mechanical Contractor (HVAC)	
Please check what measures you are interested in providing (check all that apply)				
Food Service	HVAC Controls	HVAC Replacement	HVAC Tune-up	
Refrigeration	Lighting			

Please note any other comments about your focused specialties.				

## New Jersey Direct Install Program

### Summary of Insurance

As noted earlier, you will be required to provide Certificates of Insurance listing ATLATIC CITY ELECTRIC, Program Implementer, and any overlapping utilities where you intend to operate as a condition of participation in this program. For this summary, it is acceptable to note if address and contact is the same for multiple policies.

Insurance Information- General Liability			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$1 million	
Insurance Information- Employer's Liability			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$1 million	
Insurance Information- Auto Insurance			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$1 million	
Insurance Information- Excess Umbrella			
Company:			
Mailing Address:	City:	State:	Zip:
Contact Name:	Phone:	<b>Amount of Coverage:</b> Must be at least \$4 million	

Return completed form by email to:

[ACE.energysavings@TRCcompanies.com](mailto:ACE.energysavings@TRCcompanies.com)

## New Jersey Direct Install Program

### Customer References

1	Company:	Describe Project:
	Contact:	
	Phone:	
2	Company:	Describe Project:
	Contact:	
	Phone:	
3	Company:	Describe Project:
	Contact:	
	Phone:	
4	Company:	Describe Project:
	Contact:	
	Phone:	

### Licenses and Certifications *(Please list all applicable licenses and certifications held by your company)*

Type	Number	Issuing Authority	Date

### Agreement and Signature

By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms under penalties of law that the statements made in this application for inclusion as a Direct Install Participating Contractor have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of the state of New Jersey unless herein stated. The applicant understands that by signing this application it consents to any other inquiry to verify or confirm the information herein. The applicant understands that this application for inclusion as a Direct Install Participating Contractor does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Direct Install Participating Contractor you acknowledge you are acting as an independent entity to provide Energy Efficiency services for the Direct Install Program and have not entered into a contractual agreement with Atlantic City Electric, TRC Companies Inc., FSG, and all other overlapping utilities.

Authorized Representative (please print)	Title:	Date:
Signature:		

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## New Jersey Direct Install Program

### Summary of Intended Areas to Serve in the Direct Install Program

On the table below, please select which counties you would like to perform services in. If the service territory that you service is expanding to a new county, you are required to notify the Utilities servicing the county. This application authorizes trade allies to perform work only under **ATLANTIC CITY ELECTRIC** Direct Install Program. If you wish to participate in other utility programs you must fill out an application with each of those utilities.

✓	County	Utilities in the County	✓	County	Utilities in the County
	Atlantic	ACE, SJG		Middlesex	JCPL, PSE&G, ETG, NJNG
	Bergen	REC, PSE&G		Monmouth	JCPL, NJNG, PSE&G
	Burlington	ACE, JCPL, PSE&G, NJNG, SJG		Morris	JCPL, PSE&G, NJNG, ETG
	Camden	ACE, PSE&G, SJG		Ocean	JCPL, ACE, PSEG, NJNG
	Cape May	ACE, SJG		Passaic	REC, PSE&G, JCPL
	Cumberland	ACE, SJG		Salem	ACE, SJG
	Essex	PSE&G, JCPL		Somerset	JCPL, PSEG
	Gloucester	ACE, PSE&G, SJG		Sussex	JCPL, ETG, REC
	Hudson	PSE&G		Union	JCPL, PSE&G, ETG
	Hunterdon	JCPL, ETG, PSE&G		Warren	JCPL, ETG
	Mercer	JCPL, PSE&G, ETG			

Please add any additional information regarding the geographic focus of your business.



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