

## Residential HVAC Participating Contractor

# Information Update

### Contractor Information

Legal Company Name:	Tax ID Number:	
Company Name (as you would like it displayed in the online directory or on award materials, as applicable):		
Contractor Name:		
HVACR Licensee Name:	License Category:	
HVACR License Number:	Endorsements:	
Street Address:	Apt/Ste:	
City:	State:	ZIP:
Phone:	Fax:	
Email (primary program contact: online application submitter/flawed application respondent):	Website:	
Email (program notifications ONLY):		
Number of Years Offering HVAC Services:		
What additional services do you offer (senior or veteran discounts, 24-hour service, heat pumps, etc.):		

This form is to be used exclusively for updating and changing information for existing participating contractors. If you would like to participate in the Residential Heating, Cooling and Water Heating rebate program, please contact us at [dtehvac@icf.com](mailto:dtehvac@icf.com) or [consumershomesolutions@icf.com](mailto:consumershomesolutions@icf.com)

### Company Representative

Name (please print):
Title:
Signature:
Date:

Please email this completed form to [dtehvac@icf.com](mailto:dtehvac@icf.com) or [consumershomesolutions@icf.com](mailto:consumershomesolutions@icf.com)

