

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 (participating contractor announcements only):		
Number of Years Offering HVAC Services:		
Please List Any Additional Awards/Certifications:		

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 or consumershvac@icf.com

Company Representative

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

Please fax or email this completed form to:

Fax: 517-768-6320

Email: dtehvac@icf.com or consumershvac@icf.com

