



**SERVICE REFERRAL PROGRAM
CONTRACTOR APPLICATION FORM**

Colorado Springs Utilities Contact:
Product Manager, Customer Service Department
Tel – (719) 668-3829
Fax – (719) 668-8188
kgirlinging@csu.org

1. Company Name _____ dba (if applicable) _____
2. Contact Name _____
3. Contact Information:
 - a. Mailing address: _____
City _____ State _____ Zip _____
 - b. Business address: _____
City _____ State _____ Zip _____
 - c. Business Phone _____
 - d. Fax _____
 - e. Cell Phone _____
 - f. Office Hours (Days/Hours of Operation): _____
 - g. After Hours Phone _____
 - h. Holiday & Emergency Phone _____
 - i. E-mail _____
 - j. Website URL _____
4. Do you offer 24 hour emergency service? Yes No

5. Are you a member of the [Better Business Bureau of Southern Colorado?](#)

Yes No

6. Does your organization have any registered complaints with the Better Business Bureau of Southern Colorado or any Better Business Bureau?

a. Number of complaints received _____

b. Number of complaints unresolved _____

7. Has the Applicant paid all current and relevant license fees to the State of Colorado and all other applicable government entities? If so, please identify.

a. Colorado licensed contractor file # _____

b. Colorado trade license holder's name and license # _____

c. Licenses: Plumbing A B C D

8. For Photovoltaic (PV) Installers only:

Is Applicant Colorado Solar Energy Industries Association (CoSEIA) certified?

Yes No

Is Applicant North American Board of Certified Energy Practitioners (NABCEP) certified?

Yes No

9. Year business was established: _____

10. Tax I.D. #: _____

11. How is the Business organized?

Corporation LLC Partnership Sole Proprietorship

12. If Applicant is a **corporation**, state:
- a. State of incorporation _____
 - b. Name and Address of registered agent _____
 - c. Provide names and addresses of each corporate officer and state length of time each officer has been with the corporation. Indicate by an "*" those authorized to sign contracts.

 - d. Number of years the corporation has been in business _____
13. If Applicant is a **partnership**, state:
- a. Names and address of all partners _____

 - b. Length of time the partnership has been in business _____
14. If Applicant is **sole proprietorship**, how long have you been in business?

15. Number of years Applicant has performed the type of work for which Applicant is applying

16. Is your company affiliated with a subsidiary of another company? If so, provide name of parent organization or affiliate companies.

17. Name and Phone number of Insurance Company and Agent including liability limits for your business

18. Please select a pricing option:

\$65 per month plus \$2 per referral

\$30 per month plus \$10 per referral

Note: Referrals are considered lead generation and are not guaranteed customer calls. All referrals are charged to the contractor regardless if the customer calls or not.

19. Please mark the classification of your business on the line(s) below. Please mark all that apply.

Woman-owned Minority-owned Small Business Large Business

Colorado Springs Utilities reserves the right in its sole discretion to approve or disapprove a contractor's participation in the HomeVantage[®] Service Referral Program.

20. Select your trade listing(s) - check the box(es) that apply.

	Repair	New Install
Air Conditioning		
Air Purification		
Audits - Energy		
Audits - Home Performance with ENERGY STAR		
Audits - Water		
Boilers		
Conversion - Electric to Gas		
Conversion - Gas to Electric		
Conversion - Propane to Natural Gas		
Custom Sheet Metal		
Drain Cleaning		
Duct Cleaning		
Electric Heat		
Electric Service Line		
Electric Services (appliances, circuit breakers, outlets and switches, wiring, etc.)		
Evaporative/Swamp Coolers		
Furnaces		
Gas Appliance Hookup		
Gas Fireplaces/Logs		
Gas Grills		
Gas Pipes (interior/exterior)		
Gas Yard Light		
Geothermal		
Grease Trap Replacement and Bypass		
Heat Pumps		
Hot Water/Steam Heating		
Humidifiers		
HVAC – Commercial		
Insulation		
Landscaping		
Lighting (indoor/outdoor)		
Mobile Home Mechanical Contractor Services		
Plumbing Fixtures		
Roof Ventilation Systems		
Roofing		
Septic Tanks		
Siding		

Solar Photovoltaic		
Solar Thermal		
Sprinkler Systems		
Sump Pump Connection		
Tree Care/ Pruning & Trimming		
Tree Removal		
Wastewater Line – Backflow Preventor		
Wastewater Line – Backup Cleanup		
Wastewater Line – Cleaning/unclog		
Wastewater Line – Cleanout and Cleanout Cap		
Wastewater Line – Exterior (frozen)		
Wastewater Line – Exterior (plumbing/inspect/ maintenance)		
Wastewater Line – Interior (frozen)		
Wastewater Line – Interior (plumbing/inspect/maintenance)		
Wastewater Line – Replacement		
Wastewater Line – Video Camera		
Water Damage Cleanup		
Water Filtration & Softening		
Water Heaters		
Water Line - Exterior (frozen)		
Water Line – Exterior (plumbing/inspect/maintenance)		
Water Line – Interior (frozen)		
Water Line – Interior (plumbing/inspect/maintenance)		
Windows & Doors		
Winterize Piping		
Xeriscaping		

21. Check the zip code(s) where you provide each trade/service, add zip codes if not listed below. Check all zip codes that apply.

<input type="checkbox"/>	80809	<input type="checkbox"/>	80827	<input type="checkbox"/>	80866	<input type="checkbox"/>	80908	<input type="checkbox"/>	80914	<input type="checkbox"/>	80920	<input type="checkbox"/>	80926	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	80813	<input type="checkbox"/>	80829	<input type="checkbox"/>	80903	<input type="checkbox"/>	80909	<input type="checkbox"/>	80915	<input type="checkbox"/>	80921	<input type="checkbox"/>	80927	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	80814	<input type="checkbox"/>	80831	<input type="checkbox"/>	80904	<input type="checkbox"/>	80910	<input type="checkbox"/>	80916	<input type="checkbox"/>	80922	<input type="checkbox"/>	80928	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	80816	<input type="checkbox"/>	80840	<input type="checkbox"/>	80905	<input type="checkbox"/>	80911	<input type="checkbox"/>	80917	<input type="checkbox"/>	80923	<input type="checkbox"/>	80939	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	80817	<input type="checkbox"/>	80860	<input type="checkbox"/>	80906	<input type="checkbox"/>	80912	<input type="checkbox"/>	80918	<input type="checkbox"/>	80924	<input type="checkbox"/>	80951	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	80819	<input type="checkbox"/>	80863	<input type="checkbox"/>	80907	<input type="checkbox"/>	80913	<input type="checkbox"/>	80919	<input type="checkbox"/>	80925	<input type="checkbox"/>	All Zips	<input type="checkbox"/>	<input type="checkbox"/>