# Application – Inspector Qualification Form, BESS Program

Company Name:Click here.

Federal Tax ID# Click here. EIN# Click here.

Street Address: Click here.

City: Click here. State: Click here. ZIP: Click here.

Phone Number: Click here. Mobile Number: Click here.

Website: Click here.

Contact Person: Click here. Email: Click here.

**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.

Please provide a list of at least three (3), or up to 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/Date | Telephone # /Email |
| Click here. | Click here. | Click here. | Click here. |
| Click here. | Click here. | Click here. | Click here. |
| Click here. | Click here. | Click here. | Click here. |
| Click here. | Click here. | Click here. | Click here. |
| Click here. | Click here. | Click here. | Click here. |

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.

Name: Click here.Title: Click here.

Telephone number Click here. and Email address Click here.

**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.

**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.

**Experience:**

Please summarize this person’s experience with Energy Storage Systems (ESS’s) on a separate sheet