



Quality Contractor Network

Membership Application and Recertification

Section I – Contractor Information

Legal Company Name		Contact Person and Title		
Address (Street, City, State, Zip)		Telephone Number () -	Fax Number () -	e-mail Address
Business Structure <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation, Type:		Time in Business: Years	No. of FT Employees	Federal Tax ID#
I have a Service Department: <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is No, Provide Name, Address and Telephone No. of Service Company:		
I have an Installation Dept.: <input type="checkbox"/> Yes <input type="checkbox"/> No		If answer is No, Provide Name, Address and Telephone No. of Installation Company:		
List Names of Manual J Certified Staff Member(s):		Are you current on your payment obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any past due credits over 30-days old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List Names of NATE or HVAC Excellence Certified Staff Member(s):		Have you had any liens, judgments, or lawsuits filed against you in the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate:		
If you have Branch Offices, please provide location (City, State) and area served:		Have you filed for bankruptcy within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate date and case:		
Trade Association Affiliations				
Power Distributor Areas Served				

Section II – Ownership Information

1 st Principal's Name		Title		
Home Address (Street, City, State, Zip)		Telephone Number () -	Fax Number () -	
2 nd Principal's Name		Title		
Home Address (Street, City, State, Zip)		Telephone Number () -	Fax Number () -	

Section III – Bank and Trade Information

Bank Name	Contact Person	Telephone Number () -	Routing Transit and Account Number
Major Equipment Supplier	Contact Person	Telephone Number () -	Account Number
Major Equipment Supplier	Contact Person	Telephone Number () -	Account Number

Section IV – Heat Pump

Equipment Manufacturers Represented:	
Approximate % of Type Equipment Sold:	
Air source split and package units _____ %	Dual-fuel Heat Pumps _____ %
Geothermal Heat Pumps _____ %	Direct Exchange Heat Pumps _____ %
Ductless Heat Pumps (window, wall-mounts, PTHP, etc.) _____ %	Natural Gas/Propane _____ %
Approximate Previous Year's Sales Volume:	
Electric _____ % Gas _____ % New Construction _____ % Unitary Commercial _____ %	Estimated percent financed: _____ %

Section V – Weatherization

Rehab Work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duct Sealing <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Windows <input type="checkbox"/> Yes <input type="checkbox"/> No
HVAC Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No	Storm Windows <input type="checkbox"/> Yes <input type="checkbox"/> No
Insulation, if Yes, types: <input type="checkbox"/> Yes <input type="checkbox"/> No	Air Sealing <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	Caulking/Weather-Stripping <input type="checkbox"/> Yes <input type="checkbox"/> No

QCN Applicant/Member Signature(s)

I agree in good faith to meet the membership and performance requirements set forth in the Quality Contractor Network Manual. I agree that TVA may make changes to the requirements for QCN membership by written notice thirty (30) days prior to the effective date of the change(s). I will become a member of the QCN on the date TVA verifies that I have met all membership requirements. I may withdraw from the QCN at any time with written notice to TVA. By signing below, I certify that the information provided is correct and authorize TVA to check my credit history.

Applicant/Member Authorized Signature _____ **Date** _____

Note: Current QCN Members applying for recertification do not have to complete shaded sections. All others must complete the entire form.