



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 () -
Business Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation, Type:		No. of Years in Business	No. of Full Time Employees
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		Check program(s) you are interested in (all that apply). Heat Pump <input type="checkbox"/> In-Home Energy Evaluation <input type="checkbox"/>	
Have you filed bankruptcy within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please indicate date and case:		Have you had any liens, judgments, or lawsuits filed against you in the last 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.			
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 (Skip this section if you do not provide HVAC services.)

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):	List Names of NATE or HVAC Excellence Certified Staff Member(s):
Indicate Approximate % of Equipment Sold by Type:	
Air source split and package units _____%	Geothermal Heat Pumps _____%
Dual-fuel Heat Pumps _____%	Direct Exchange Heat Pumps _____%
Natural Gas/Propane _____%	Ductless Heat Pumps (window, wall-mounts, PTHP, etc.) _____%

Section V – Weatherization (Skip this section if you do not provide weatherization services.)

Rehab Work <input type="checkbox"/> Yes <input type="checkbox"/> No Duct Sealing <input type="checkbox"/> Yes <input type="checkbox"/> No HVAC Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No Insulation <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Types: _____	Primary Windows <input type="checkbox"/> Yes <input type="checkbox"/> No Storm Windows <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
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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, 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.