

NABCEP

Company Accreditation Application

I. OPERATIONS:

1. Corporate office:

Company Name

Street Address or P.O. Box

City/State/Zip Code

Contact Name

Email

Phone

2. Legal form of company:

- Sole proprietorship
- Partnership
- Limited Liability Corporation (LLC)
- Non-profit
- Corporation

3. Name of principal owner(s): *In the case of multiple owners provide the name of the managing director(s) or partners.*

In order to qualify for NABCEP Company Accreditation the company must be operating for at least one (1) year.

Number of years in business: _____

Please provide a copy of the dated original DBA, LLC OR Corporate registration, Business License OR any other record that provides proof that the business has been in operation for more than one (1) year.

NABCEP COMPANY ACCREDITATION APPLICATION

4. Number of employees who have been provided a W2 form by the company in the last year:

- 1-9
- 10-19
- 20-50
- 50 or greater

5. Companies that operate offices in multiple states or provinces need to submit a separate application for each office.

Do you have offices in more than one (1) state or province?

- Yes
- No

If so, which office is being considered in this application?

Please provide the mailing address for this office:

Street Address or P.O. Box _____

City _____

State _____ Zip Code _____

6. Please provide a brief description of the business at the specified location:

7. List currently maintained insurances:

- Liability Insurance
- Workers' Compensation
- Commercial Auto
- Other _____

Please attach verification of each policy: a certificate of insurance OR letter from the insurance broker. Please do not attach the entire policy.

NABCEP COMPANY ACCREDITATION APPLICATION

8. Tax filings

The company must verify that all government tax filings has been completed and submitted to the appropriate tax agency. *Please fill out, sign and submit FORM A: Tax Filing Verification Form found in the application appendix. An independent tax representative must complete this form.*

9. OSHA TCIR Rate

The applicant company must provide the current Total Case Incident Rate and show supporting documentation for any incident reported in the last 12 months.

If you have more than 10 employees, please submit an OSHA 300 form and safety log with the application.

If you have fewer than 10 employees, fill out and submit FORM B: Safety Verification Form found in the application appendix.

NABCEP COMPANY ACCREDITATION APPLICATION

II. PROGRAMS:

1. Quality Assurance (QA) Program

Please describe the company's quality assurance document that is distributed or posted for all company employees and available to customers.

Date program was established: _____

Attach a Copy of QA document to the application

2. Employee Training Programs (non-safety)

All employees must attend at least 6 hours of non-safety, work-related trainings in the last calendar year. Please describe the company's training program.

Complete and submit FORM C: Employee Training Document found in the application appendix to provide information about 6 hours of work related non-safety trainings the company has provided in the last 12 months:

3. Employee Training Programs (Safety)

All construction and warehouse related employees must attend on-going monthly safety meetings. Please describe the company's safety meeting procedure.

All construction related employees must attend on site safety meetings. Please describe the company's onsite safety meeting procedure.

NABCEP COMPANY ACCREDITATION APPLICATION

III. POLICIES:

The applicant company must maintain written policies and procedures with respect to its business practices. Please provide the following information:

1. Customer Service Policy

Date the policy last revised: _____

Please provide a copy of the most recent version of the written policy.

2. Company Administrative Policy

Date the policy last revised: _____

Please provide a copy of the most recent version of the written policy.

3. Employee Policy

Date the policy last revised: _____

Please provide a copy of the most recent version of the written manual or handbook.

4. Health and Safety Policy

Date the policy last revised: _____

Please provide a copy of the most recent version of the written manual or handbook.

5. Environmental Policy

Date the policy last revised: _____

Please provide a copy of the most recent version of the written policy.

6. Community Involvement Policy

Date the policy last revised: _____

Please provide a copy of the most recent version of the written policy.

NABCEP COMPANY ACCREDITATION APPLICATION

IV. PERSONNEL:

The applicant company must employ staff with specific qualifications. Please provide the following information about your personnel:

1. Sales Manager

Name: _____

Is he/she NABCEP Certified in PV Technical Sales?

- Yes
 No

Is he/she eligible to take the PV Technical Sales exam?

- Yes
 No

2. Sales Personnel

How many Sales personnel do you have? _____
(Please do not count the sales manager listed above)

If you have more than three (3) sales personnel, you will need to attach additional pages to this application and provide the information requested in this section for each employee.

Sales Employee #1

Name: _____

Hiring date: _____

Which of the following apply to the employee?

- Passed the NABCEP PV Entry Level Exam
 Has completed course work covering the NABCEP Entry Level Learning Objectives*
 Passed the NABCEP PV Technical Sales Certification Exam
 Passed the NABCEP PV Installer Certification Exam
 Other, please describe

**Please provide the name and location of the training course and the date of completion.*

NABCEP COMPANY ACCREDITATION APPLICATION

Sales Employee #2

Name: _____

Hiring date: _____

Which of the following apply to the employee?

- Passed the NABCEP PV Entry Level Exam
- Has completed course work covering NABCEP Entry Level Learning Objectives*
- Passed the NABCEP PV Technical Sales Certification Exam
- Passed the NABCEP PV Installer Certification Exam
- Other, please describe

**Please provide the name and location of the training course and the date of completion.*

Sales Employee #3

Name: _____

Hiring date: _____

Which of the following apply to the employee?

- Passed the PV NABCEP Entry Level Exam
- Has completed course work covering NABCEP Entry Level Learning Objectives*
- Passed the NABCEP PV Technical Sales Certification Exam
- Passed the NABCEP PV Installer Certification Exam
- Other, please describe

**Please provide the name and location of the training course and the date of completion.*

NABCEP COMPANY ACCREDITATION APPLICATION

3. Installation Site Supervisor

Your company must have at least one (1) current NABCEP Certified Solar PV Installer who has completed at least a ten (10) hour OSHA construction training to supervise each installation site.

Site Supervisor #1

Name: _____

Is he/she NABCEP Certified PV Installer?

- Yes
 No

Has he/she completed OSHA 10 OR 30 construction training?

- Yes, 30 hour OSHA
 Yes, 10 hour OSHA
 Neither training has been obtained

Please provide a Copy of OSHA training certificate or copy of card.

Site Supervisor #2

Name: _____

Is he/she NABCEP Certified PV Installer?

- Yes
 No

Has he/she completed OSHA 10 OR 30 Construction training?

- Yes, 30 hour OSHA
 Yes, 10 hour OSHA
 Neither training has been obtained

Please provide a Copy of OSHA training certificate or copy of card.

A Note about additional Site Supervisors: If you have more than two (2) Installation Site Supervisors, please attach additional pages and provide the employee's NABCEP Certified PV Installer number (if applicable) and OSHA construction training experience and documents.

4. Safety Officer

Name: _____

Please tell us about the safety officer's training and years experience in this position

NABCEP COMPANY ACCREDITATION APPLICATION

5. Construction Supervisor

Name: _____

NABCEP Certified PV installer # _____

The construction supervisor must have completed OSHA 30 Construction Training. Please provide a Copy of OSHA 30 Training Certificate or copy of card.

6. Other Installation Personnel

If the company has employed an installation crewmember for more than one (1) year, he or she must have completed a 10-hour OSHA training.

At the time of this application, how many permanent non-supervisory installation personnel does the company employ?

- 1-2
- 3-10
- 11 or more

At the time of this application, how many temporary non-supervisory installation personnel does the company employ?

- 1-2
- 3-10
- 11 or more

What is the average length of employment of the company's permanent non-supervisory employees?

- One (1) month
- Six (6) months
- One (1) year
- We hire project to project

What is the level of experience that the company seeks when hiring permanent non-supervisory employees?

- No experience necessary
- Previous construction related experience
- Previous solar PV related experience
- Trade Qualified

NABCEP COMPANY ACCREDITATION APPLICATION

Please tell us about your permanent non-supervisory employees

Employee #1

Name: _____

Has this employee been with your company for more than one (1) year?

- Yes, date of hire _____
 No

If yes, please provide a copy of certificate of completion or card for OSHA 10 construction training.

Employee #2

Name: _____

Has this employee been with your company for more than one (1) year?

- Yes, date of hire _____
 No

If yes, please provide a copy of certificate of completion or card for OSHA 10 construction training.

Employee #3

Name: _____

Has this employee been with your company for more than one (1) year?

- Yes, date of hire _____
 No

If yes, please provide a copy of certificate of completion or card for OSHA 10 construction training.

A note about additional employees: If you have more than three (3) Installation Personnel, please attach additional pages and provide the employee's name, date of hire and OSHA training experience.

NABCEP COMPANY ACCREDITATION APPLICATION

NABCEP COMPANY ACCREDITATION PROGRAM APPLICANT AGREEMENT AND RELEASE AUTHORIZATION

As a condition of NABCEP Company Accreditation, the Applicant Company (Applicant) agrees to the following terms:

1. The Applicant has read and accepts all of the terms and conditions of the NABCEP Company Accreditation Policy (Accreditation Policy). The Applicant understands that NABCEP Accreditation is conditioned upon the company's fulfillment of all applicable requirements, including compliance with the Accreditation Policy.
2. The Applicant agrees and confirms that all required company policies identified in Accreditation Policy Section III.B exist and are available for review by NABCEP upon request.
3. The Applicant understands that it is obligated to report to NABCEP, in writing, modifications to its Accreditation Application responses in a timely, accurate, and complete manner, and no later than sixty (60) days of knowledge of such modification. The Applicant agrees to provide NABCEP with written notice of any business address, telephone, or e-mail change within sixty (60) days of such change.
4. The Applicant agrees that NABCEP has the right to contact any person or organization concerning the information provided in this Application or compliance with the Accreditation Policy. The Applicant further agrees to authorize the release of any such information requested by NABCEP, consistent with applicable law.
5. The Applicant agrees that Company Accreditation granted by NABCEP does not represent licensure, registration, or any authorization to conduct business activities or to provide services for a fee or otherwise.
6. The Applicant agrees to indemnify and hold NABCEP and its agents, employees, representatives, and successors, harmless against, and release them from, any and all third party claims, suits, complaints, losses, or liability (claims) (including attorney fees) arising out of, or related to: any misrepresentations or omissions by Applicant in any information, materials, or documents submitted to NABCEP; any breach of any agreements with NABCEP by Applicant; the Applicant's use and/or display of NABCEP Accreditation Marks contrary to NABCEP policies or directives; any activity of the Applicant related to the use of NABCEP Company Accreditation that is not specifically permitted or authorized by NABCEP; or, Applicant's business services and activities, including, but not limited to, assertions or claims of detrimental reliance by a third party on Applicant's NABCEP Company Accreditation, resulting in alleged harm or damages caused by Applicant's business services, activities, or omissions.

NABCEP COMPANY ACCREDITATION APPLICATION

7. The Applicant agrees that NABCEP Company Accreditation is granted specifically to the Applicant only, and may not be transferred or assigned to any other person, organization, business, or entity.
8. With respect to the Applicant's use or display of NABCEP Accreditation Marks in connection with business services or activities, the Applicant agrees to comply with all applicable NABCEP policies.
9. The Applicant agrees that the NABCEP Company Accreditation Program is separate and distinct from all other NABCEP programs and services, and that accreditation does not create certification or other rights related to NABCEP, including the right to use NABCEP trademarks or certification marks.
10. The Applicant understands and agrees that the name, Internet site, and logo, if applicable, of the NABCEP Accredited Company may be published on the NABCEP website. The Applicant further agrees that data related to participation in the NABCEP Company Accreditation process may be used for research and statistical purposes.
11. The Applicant agrees that all material submitted to the NABCEP Company Accreditation Program becomes the property of NABCEP upon receipt, and that such materials will not be returned to the Applicant. Applicant understands that all confidential and proprietary information provided to NABCEP will be maintained in confidence and in a secure manner, consistent with Section V of the Company Accreditation Policy.
12. In the event that NABCEP Accreditation is conditioned, suspended, or revoked, the Applicant agrees to: comply with all decisions and directives of NABCEP, including the return of all NABCEP Accreditation documents, in a timely manner and at the Applicant's own expense; and, immediately stop all use of the NABCEP Accredited Company Marks, logos, or other designations indicating an affiliation with NABCEP.

NABCEP COMPANY ACCREDITATION APPLICATION

By signing below, the undersigned representative of the Applicant Company represents that he/she is authorized to accept this Agreement on behalf of the Applicant, and to seek NABCEP Company Accreditation. The Applicant represents that the information provided in this Application is accurate and complete to the best of the Applicant's knowledge, and that the Applicant understands and agrees to all of the terms and conditions of this Agreement. The Applicant has read, and agrees to comply with, the NABCEP Company Accreditation Policy.

PLEASE PRINT & SIGN THE LAST PAGE OF THIS DOCUMENT

Signature of Authorized Company Representative

Date

Title

Printed Name of Authorized Company Representative

Is the person named above the representative with whom NABCEP should have direct communication?

- Yes
 No

If no, please provide the contact information for the person who will be attending to the application.

Name _____

Phone _____

Phone alt. _____

Email: _____

Company Accreditation Program

Appendix

Form A: Tax Filing Verification Form

Form B: Safety Verification Form

Form C: Employee Training Document

FORM A: Tax Filing Verification Form

This form must be filled out and signed by the independent tax representative who is responsible for preparing and submitting tax returns to state, province and federal tax authorities for the company on this application. If the company does not use an independent tax representative, please also submit a letter on company letterhead explaining how and by whom company tax documents are prepared.

I, _____, attest and confirm that
all required tax filings for the company
_____ have been completed and
submitted to all appropriate tax agencies of today's date _____.

Annual Gross Sales revenue for all locations within the state or province of the office that is applying

- \$100,000- \$999,999
- \$1,000,000-\$2,999,999
- \$3,000,000-\$4,999,999
- \$5,000,000-\$9,999,999
- \$10,000,000 and over

Signature **PLEASE PRINT & SIGN THE LAST PAGE OF THIS DOCUMENT** _____ Date _____

Contact information (please print clearly)

Name _____

Company _____

Business Address _____

City/ State/Postal Code _____

FORM B: Safety Verification Form:

Please provide a log of work related injuries for the past 24 months. You must record every work-related death and injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work or medical treatment (beyond first aid). You must also record work-related injuries and illnesses that are diagnosed by a physician or health care professional.

Feel free to use two (2) lines for a single case if you need to.

Name	Job Title	Date of injury	Location of event	Describe injury	Days away from work	Days restricted on job

FORM C: Employee Training Document

Please provide the following information about 6 hours of work related non-safety trainings the company has provided in the last 12 months. If the company has provided multiple trainings, please attach additional sheets describing each training session.

Name of training: _____

Instructor(s):

Date: _____ Number of hours: _____

List of all employees who attended this training

Was the training IREC/ISPQ accredited NABCEP recognized?

- Yes
 No

Was the training recognized or accredited by some other organization?

- Yes, Name of accrediting organization _____
 No

NABCEP COMPANY ACCREDITATION APPLICATION

Signature Page

There are two signatures required to complete this application. You will need to print this page and obtain the appropriate signature for each section. If you are sending the application via email, you must scan and attach this document with your application upon submission.

Signature #1: Company Representative

By signing below, the undersigned representative of the Applicant Company represents that he/she is authorized to accept this Agreement on behalf of the Applicant, and to seek NABCEP Company Accreditation. The Applicant represents that the information provided in this Application is accurate and complete to the best of the Applicant's knowledge, and that the Applicant understands and agrees to all of the terms and conditions of this Agreement. The Applicant has read, and agrees to comply with, the NABCEP Company Accreditation Policy.

Signature of Authorized Company Representative

Date

Signature #2: Company Tax Representative

I, _____, attest and confirm that all required tax filings for the company _____ have been completed and submitted to all appropriate tax agencies of today's date _____.

Signature _____

Signature of Authorized Company Tax Representative

Date