



Residential Solar Water Heating Program **Program Year 2022 (July 1, 2022 – June 30, 2023)**

The Hawai'i Public Utilities Commission has contracted with Leidos, Inc. to administer the Hawai'i Energy Program. The Hawai'i Energy program is the ratepayer-funded conservation and efficiency program serving the islands of Hawai'i, Lāna'i, Maui, Moloka'i and O'ahu. Throughout this application and all appendices any reference to "Hawai'i Energy" shall mean Leidos, Inc. as an administrator to the Hawai'i Public Utilities Commission.

INSTRUCTIONS:

Please complete the following application if you answer "Yes," to either of the below:

- I am currently a **Program Participating Solar Water Heating Contractor**
- I would like to become a Participating Contractor

Submit a completed and signed application to:

Hawai'i Energy, P.O. Box 3920, Honolulu, Hawaii 96812
or email: hawaiienergy@honeywell.com.

After proper submission, Hawai'i Energy will provide written notification regarding the status of the application.

For any questions or concerns, please contact Hawai'i Energy:

- O'ahu: 537-5577
- Toll Free: 1-877-231-8222
- Email: hawaiienergy@honeywell.com.



1. Complete all information below.

Participant Information:

Participating Contractor Information:		
Company Name:		
Mailing Address:		
City:	State:	Zip:
Office Phone:	Office Fax:	Island(s) of operation: <input type="checkbox"/> Hawai'i <input type="checkbox"/> Lāna'i <input type="checkbox"/> Maui <input type="checkbox"/> Moloka'i <input type="checkbox"/> O'ahu
Company Email:	Company Website (if applicable):	HSEA Member? <input type="checkbox"/> YES <input type="checkbox"/> NO

License Information:

Participating Contractor License Type and Number:	
License Type (Check all that apply): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C-13 <input type="checkbox"/> C-37 <input type="checkbox"/> C-60 <input type="checkbox"/> C-61 <input type="checkbox"/> C-61a <input type="checkbox"/> Other _____	License Number(s):
License Issue Date:	License Expiration Date:

Insurance Information: *Insurance Certificates must be submitted to Hawai'i Energy office*

Participating Contractor Insurance Information:				
General Liability Insurance		*Hawai'i Energy must be listed as a Named Insured		
Insurance Provider:	Combined Single Limit:	Date of Expiration:		
	\$			
Automobile Insurance		*Hawai'i Energy must be listed as a Named Insured		
Insurance Provider:	Limits:			Date of Expiration:
	Per Person:	Per Occurrence:	Property Damage:	
	\$	\$	\$	
Worker's Compensation Insurance*:				
Insurance Provider:			Date of Expiration:	
*Worker's Compensation Exemption Request: Please complete all of the fields below ONLY if you are exempt from carrying Worker's Compensation Insurance under Act 196 from the 2011 Hawai'i State legislative session as enacted into Hawai'i Revised Statutes 386-1.				
<input type="checkbox"/> I have read and understand Act 196 from the 2011 Hawaii State legislative session as enacted into Hawai'i Revised Statutes 386-1 and operate as a Sole Proprietor.	Signature:		Tax ID Number:	



Participant’s Designated Office Representative(s):

The designated office representative shall have overall accountability for Participant’s adherence to all Program requirements and have the sole authority to sign rebate applications. This designee shall also be a point of contact in order to receive Program updates and/or newsletters and will be the authorized representative on behalf of Participant concerning all matters related to the Program. Additional representatives may be added via written request.

Designated Office Representative	
Name:	Title:
Mailing Address:	
Email:	Fax:
Phone (office):	Phone (mobile):
Secondary Office Representative:	
Name:	Title:
Email:	Fax:
Phone (office):	Phone (mobile):

Participant’s Designated Field Representative(s):

Field Representatives are responsible for all correspondence(s) with regard to installations and technical requirements outlined in the Standards and Specifications. This person or persons may be the same as your designated office representative.

Designated Field Representative:	
Name:	Title:
Mailing Address:	
Email:	Fax:
Phone (office):	Phone (mobile):
Secondary Field Representative:	
Name:	Title:
Email:	Fax:
Phone (office):	Phone (mobile):



2. Read and sign:

By signing below, the Contractor acknowledges that it has read and agrees to:

- be legally bound by this application,
- all the standards and requirements prescribed in:
 - <https://hawaiienergy.com/clean-energy-allies/solar-water-heating-contractors>
 - the Solar Water Heating Handbook
 - Appendix A: Hawai'i Energy Residential Solar Water Heating Program Rules ("Rules")¹
 - Hawai'i Energy Brand Guidelines
 - <https://hawaiienergy.com/images/CEA/LogoandMessagingGuidelinesforCEAs.pdf>

The Contractor understands that the Rules are subject to change. Hawai'i Energy will provide advance notification of any changes to the extent possible.

Authorized Signature:	
Print Name:	Title:
Sign:	Date: