

# Real-Time Energy Management (RTEM) Pilot Program

## Participating Contractor Application

Thank you for your interest in joining Con Edison’s Real-Time Energy Management (RTEM) Pilot Program Participating Contractor network. To become a Participating Contractor, please follow the steps below:

1. Email the following documents to [RTEM@conEd.com](mailto:RTEM@conEd.com) and [CleanEnergyNetworks@conEd.com](mailto:CleanEnergyNetworks@conEd.com):
  - a. Completed and signed Participating Contractor Application
  - b. Signed Participating Contractor Agreement
  - c. Form W-9
  - d. Certification of \$1 million general liability insurance from your insurer with the following information listed as an additional insured under the Certificate Holder section:
 

**Consolidated Edison Company of New York, Inc.**  
**4 Irving Place**  
**New York, NY 10003**
  - e. Certification of Workers Compensation coverage as required by New York State
  - f. Company logo (optional)
2. Attend a RTEM Participating Contractor orientation (once we receive your paperwork, we’ll contact you to schedule this orientation).

Questions? Email [RTEM@conEd.com](mailto:RTEM@conEd.com) and [CleanEnergyNetworks@conEd.com](mailto:CleanEnergyNetworks@conEd.com).

1. General Information			
Company name:		Federal Tax ID:	
Mailing Address:	City:	State:	Zip:
Website:	Year founded:	First year under current ownership:	Number of NY employees:
Business classification: <input type="checkbox"/> Minority-owned business <input type="checkbox"/> Women-owned business <input type="checkbox"/> Veteran-owned business	Business entity type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Exempt (tax exempt nonprofit)		
How did you hear about the program?			

## 2. Contact Person

Contact Name:	Contact Title:
Contact Email:	Contact Phone:

## 3. Insurance Information

Insurer:		
Mailing Address:	Contact name:	Phone:
Type of coverage:	Amount of coverage:	

## 4. Experience

Approximately how many of the following types of customers have you served?

Large office buildings

Small/medium office buildings

Universities/colleges

Hospitals/medical centers

Retail space

Other: please describe \_\_\_\_\_

## 5. Customer References

1	Company:	Describe project:
	Contact name:	
	Contact name:	
	Contact name:	
2	Company:	
	Contact name:	
	Contact name:	
	Contact name:	
3	Company:	
	Contact name:	
	Contact name:	
	Contact name:	

## 6. Licenses and Certifications

Please list all applicable licenses and certifications held by your company

Type	Number	Issuing Authority	Date

## 7. Agreement and Signature

By submission of this application, the applicant and person signing on behalf of any applicant subscribes and affirms under penalties of law that the statements made in this application for inclusion to the RTEM Participating Contractor Network have been examined and to the best of his/her knowledge and belief are true and correct. The applicant affirms that no person named in this application is subject to disqualification under the terms and guidelines of New York City, Westchester County, and New York State unless herein stated. The applicant understands that by signing this application that the applicant consents to any other inquiry to verify or confirm the information herein. The applicant understands that this application for inclusion on the RTEM Participating Contractor Network does not guarantee that inclusion will be granted but will be used in the determination of eligibility for inclusion. As a Program Participating Contractor, you acknowledge that you are acting as an independent entity to provide RTEM systems and related services to customers and that you have not entered into a contractual agreement with Con Edison to provide any goods or services, including RTEM systems and related services to customers.

Authorized Representative ( <i>please print</i> ):	Title ( <i>please print</i> ):	Date:
Authorized Signature:		