OMB Control No. 2060-0528 Approval expires: November 30, 2025



ENERGY STAR® Participation Form for Home Upgrade Service Providers:

Partner Name:					
Date	Date:				
	-				
Partner will participate in the sector(s) checked below. Please select only those check boxes relevant for your organization.					
Org	Organization Type (Choose the most applicable one)				
	Community E	Based Organization			
	Community A	Community Action Agency			
	Home Efficie	ncy Contractor or Coordinator			
	Retailer				
Pro	mote ENERGY STAR and provide ENERGY STAR Home Upgrade Services in the:				
	Single Family	Single Family Existing Residential Market			
	Multi-Family	Existing Residential Market			
Activity Areas (Your organization installs or connects customers to other programs/contractors to install)					
	Heat Pumps	for Heating/Cooling			
	Heat Pump Water Heaters				
	Smart Thermostat				
	Windows or Storm Windows				
	Attic Insulation & Sealing				
	Electric Read	dy (electric upgrades or electric upgrade avoidance)			
Invo	olvement in ot	her Federal Programs			
	WAP				
	LIHEAP				
	Other				
Plea	Please provide the locations that your organization serves to benefit from ENERGY STAR resources.				
	ocations:				
-`	Joanons.				

Partner Name:		
Date:		
	Primary Contact (if different than Signatory Contact listed in the Partnership Agreement)	Secondary Contact
Contact Name		
Title		
Company		
Address		
City		
State		
Zip		
Country		
Phone		
Email		
	Secondary Contact	Secondary Contact
Contact Name		
Title		
Company		
Address		
City		
State		
Zip		
Country		
Phone		
Email		

Return completed Participation Form to:

join@energystar.gov

Or

ENERGY STAR c/o ICF International 2550 S. Clark St., Suite 1200 Arlington, VA 22202