

NB Power's Ductless Heat Pump Contractor Application Form

Information on this form will be used to verify that the company indicated below employs **Refrigeration and Air Conditioning Technicians and Electricians** who hold the appropriate certifications and licenses required to install ductless heat pumps in the Province of New Brunswick.

APPLICANT DETAILS

Company Name: _____	Subsidiary (if any): _____
Address: _____	
Contact Person: _____	Phone: _____
Email: _____	

REFRIGERATION and AIR CONDITIONING TECHNICIANS

Please specify **all employee(s) or sub-contractors** who will be performing installations on behalf of the company (and subsidiaries) and **attach copies of the Certificate of Qualification** issued by the Apprenticeship and Occupational Certification Branch of the Department of Post-Secondary Education Training and Labor (PETL), **and the ODS Certificate** issued by the Department of Environment for each technician. **Only Technicians with valid certificates issued in NB will be accepted.**

REFRIGERATION and AIR CONDITIONING TECHNICIAN'S NAME <small>(as it appears on the trade identification card issued under the Apprenticeship and Occupational Certification Act of NB)</small>	REFRIGERATION and AIR CONDITIONING TECHNICIAN'S NAME <small>(as it appears on the trade identification card issued under the Apprenticeship and Occupational Certification Act of NB)</small>

ELECTRICAL CONTRACTOR AND ELECTRICIAN

Please specify **all contractors or sub-contractors and employees** who will be performing any **electrical work** on behalf of the company (and subsidiaries) and **attach copies of the Electrical Contractor license and the Electrician License.**

LICENSED ELECTRICAL CONTRACTOR (Company Name)

LICENSED ELECTRICIAN	LICENSED ELECTRICIAN

ACKNOWLEDGMENT

By signing below I,	
<ul style="list-style-type: none"> - confirm that the information provided above is correct to the best of my knowledge, - acknowledge that should any of this information be found to be false or inaccurate, it will be the responsibility of my company to resolve with the appropriate legislative bodies (AOC, Dept. of Environment or Public Safety), and - acknowledge that false or inaccurate information provided on this form may result in the disqualification of the company from the participation in NB Power's program(s). 	
Name: _____	Title: _____
Signature: _____	Date: _____