	VIRGINIA Sustainable and Verifiabl	
Eligible Service Provider Application Form		
Please complete this form and submit to t	the following:	
	VirginiaSAVI c/o: CleanSource 222 S. Church Stre Charlotte, No Email application to:infoo	re Capital, LLC reet, Suite 401 NC 28202
	Provider Info	formation
Firm name:		
DBA:		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	Website:	
Federal Tax ID:	DUNS Number:	Years in Business:
Type of Entity (Corporation / LLC / Partne	ership / Proprietorship / Indi	dividual / Trust / Association / Non-Profit):
Principal(s):		Company size:
Primary Contact Name:		
Contact Email:		
Contact Mobile Phone:	Fax:	
Other Address:		
Check	which Service Provider (Category being applied for:
 (1) Independent Consultants and Energy I (2) Performance Contracting Service Provi (3) Contractors and Vendors: 	-	ed Savings):
	Other Informati	tion Needed:
* Submit Business Licensing Information		
* Provide Insurance Certificates with Virgi	niaSAVES, LLC, listed as Ado	Iditional Insured
Check Box Belo	w to be Listed As An Elig	gible Service Provider on the Website
Listed on Website:		
		o@VASAVESGCP.com or call CleanSource Capital at 704-271-988 online at www.VASAVESGCP.com.
understanding of program requirements a www.VASAVESGCP.com, and willingness t	s detailed in the Eligible Ser o adhere to such requireme	sentations and information provided herein. You also certify your ervice Provider Application Guide and the Technical Guide found ents, including potential borrower surveys and ongoing reporting to the Virginia DMME, Funding Parties, and the
	Signatures (digit	ital or actual)
Name: Title: Date:		Name: Title: Date: