



**HomeFree Nevada**  
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## **Auditor Application Form and Participation Agreement**

Auditors wishing to participate in HomeFree Nevada's (HFNV) Home Performance with Energy Star program must meet the following requirements.

### **Participation Requirements**

*These requirements are subject to change.*

1. RESNET Certified HERS Rater with a Provider and BPI Certified Building Analyst
2. Completed HomeFree Nevada's Mentoring Program
3. Possess valid State, County and Local Business Licenses
4. Provide a completed W-9 Form
5. General Liability Insurance\* (\$1,000,000 minimum)
6. Professional Liability Insurance (\$1,000,000 minimum)
7. Automobile Liability\* (\$500,000 minimum)
8. Workman's Compensation (as required by law; employer's liability - \$500,000)
9. Signed Participation Agreement with HomeFree Nevada (HFNV)\*\*

The insurance company providing such insurance, as well as the form of such insurance, shall be subject to the approval of HomeFree Nevada.

\*The general liability and automobile liability insurance policies shall name HomeFree Nevada and its officers, directors, agents, affiliates, and employees as additional insureds for liability arising out of the actual or alleged acts or omissions of Verifier. All policies shall be primary and non-contributory and shall contain a provision by which the insurer agrees that such policies shall not be cancelled, materially changed, or not renewed without at least thirty (30) days advance notice to HomeFree Nevada.

\*\*At a minimum, the agreement shall require the contractor/consultant(s) to adhere to the following:

1. The auditor will abide by the U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.
2. Work will be done in conformance with all building codes and zoning regulations.
3. Follow HomeFree Nevada's approved comprehensive home energy audit process.
4. Provide HFNV a copy of the following within five (5) business days after delivering it to the homeowner:
  - a. Audit Report including the Scope of Work given to each homeowner that presents cost-effective recommendations based on findings from visual and diagnostic inspections that meet consensus-based building science standards.
  - b. REM/Rate Building file for each job.
  - c. Copy of all signed contracts with homeowner.
5. Follow program quality assurance procedures.
6. Provide Homeowners a User's Guide on how to make their home perform optimally.
7. Retain copies of assessment materials for a minimum of five years in case HFNV needs to reference documentation.
8. Comply with Home Performance with ENERGY STAR's Identity Guidelines which describes how the ENERGY STAR marks, marketing graphics and name may be used.
9. Pay HomeFree Nevada \$10 per every completed job for the Home Performance Completion Certificate required to collect incentives paid to contractor/auditor or homeowners.
10. That if the work performed by the contractor/auditor is found to be unsatisfactory by HFNV or if contract relations between the contractor/auditor, homeowner or other parties are found to be unsatisfactory, HFNV will follow disciplinary as described below.

### **Disciplinary Action and Termination of Participation**

Through ongoing training, mentoring and monitoring activities, HomeFree Nevada is committed to ensuring program compliance as well as supporting the contractor/auditor(s). With this in mind, HFNV will deploy a progressive discipline model to provide opportunities for contractor/auditor(s) improvement.

Progressive discipline will occur should any of the following incidences take place:

- Auditing inaccuracies are observed in reporting and/or during field inspections
- Contractor/auditor(s) makes recommendations without modeling the home's performance
- Contractor/auditor(s) deviates from scope of work
- Contractor/auditor(s) violates actions addressed in participation agreement to include improper use of HPwES brand, reporting, timeliness of reporting, excessive customer complaints etc.

### **Probationary period**

If inaccuracies are observed in contractor/auditor reports, HFNV will consult one-on-one with the contractor/auditor to assess situation and determine appropriate course of action. A contractor/auditor can be placed on probationary status when sponsor observes multiple deficiencies or a deficiency which impacts health and safety or if contractor/auditor receives a verified complaint.

During probationary status, the contractor/auditor must attend trainings and/or participate in mentoring activities targeted at correcting deficiencies, and agree to mentoring on the next three or more jobs. In order to be removed from probationary status, mentor must be confident that the deficiencies have been corrected. Contractor/auditor is responsible for cost associated with training, mentoring and additional monitoring activities. The number of training sessions required will vary depending on level of deficiency observed.

### **Suspension**

A contractor/auditor will be suspended if deficiencies continue to occur beyond probationary intervention. Once suspended, the contractor/auditor will be removed from the list of participating contractor/auditor(s) and no projects will be approved until contractor/auditor can demonstrate a commitment to the program's quality assurance. The contractor/auditor must demonstrate commitment to the program by meeting with sponsor and its designated representatives (such as a representative from the Board) and develop an action plan to improve performance. The implementation of that plan (training, monitoring and guidance) will be at the cost of the contractor/auditor.

### **Termination**

A contractor/auditor will be terminated from the program if reoccurring intervention is required due to ongoing inaccuracies and blatant disregard for program policies occurs. Once terminated, the contractor/auditor's name will be permanently removed from the list and no future projects will be referred. Contractor/auditor will no longer be authorized to use the Home Performance with ENERGY STAR branding.

**Please Note:** Copies of your Contractor's License, State, County and Local Business Licenses and W-9 must accompany this application. Also include a copy of your BPI and RESNET certificates. Please ask your insurance agent to submit copies of your Workman's Compensation, General Liability and Auto Liability.

*Please Print or Type*

## Auditor Application

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner/Representative & Title: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Address City Zip

Mailing Address: \_\_\_\_\_  
Address City Zip

Phone Numbers: \_\_\_\_\_  
Office Mobile Fax

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax I.D.#: \_\_\_\_\_

If not incorporated, Social Security #: \_\_\_\_\_

Do you hold a Contractor's License? \_\_\_\_\_ If Yes, what state? \_\_\_\_\_

Contractor's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Classification #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

For each certification, *submit a copy of your certification and provide the name(s) of your certified employee(s) and the certification date.*

### **RESNET (HERS Raters)**

Certification Date

Provider

Name:1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### **BPI (Building Analysts)**

Name:1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### **BPI (Air Conditioning and Heat Pump)**

Name:1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

How long have you been in the contracting/auditing business? \_\_\_\_\_  
Years Months

For referral purposes, if you operate outside of Clark County, please list your service area by city or county:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names and addresses of the last three clients for whom you have completed a construction/auditing job:

Name Address City Area Code/Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximately how many jobs have you completed as a licensed contractor? \_\_\_\_\_ auditor? \_\_\_\_\_

What is the smallest/value job you have done? \_\_\_\_\_

What is the largest/value job you have done? \_\_\_\_\_

How many employees do you employ full-time? \_\_\_\_\_

How many employees do you employ part-time? \_\_\_\_\_

**THE UNDERSIGNED AUDITOR CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES TO THE PARTICIPATION REQUIREMENTS FOUND ON PAGE ONE (1) OF THIS AGREEMENT:**

- The auditor will abide the U.S. Department of Housing and Urban Development regulations pertaining to equal employment opportunity.
- That the work will be done in conformance with all building codes and zoning regulations.
- Upon award of bid/contract, the signed contract will be faxed, emailed or mailed to HomeFree Nevada.
- Upon completion of contract, the signed completion of work will be faxed, emailed or mailed to HomeFree Nevada.

\_\_\_\_\_  
Owner/Representative's Signature

\_\_\_\_\_  
Date