

## EXHIBIT 1 MC-PACE CONTRACTOR REGISTRATION FORM

**Purpose:** This form provides notice to the Program Manager (Montgomery County Green Bank) of the Contractor's interest in registering with the Montgomery County C-PACE Program (MC-PACE).

## STEPS

- 1. Complete and submit this registration form to the Program Manager by email at <a href="mailto:CPACE@mcgreenbank.org">CPACE@mcgreenbank.org</a>.
- 2. Following submission of this form, the Contractor will be contacted about registration requirements.
- 3. Following registration, Contractor will be listed on the MC-PACE website as a registered Contractor.

The following information will be used for internal purposes only:

	Company Name: Primary Contact:		Email:		
	Title:	<del></del>	Office Phone: Cell:	-	
2.	Please list company licenses, relevant certifications, and any other relevant credentials:				
	(please submit copies of current licenses	)			
The fol	lowing information will be made public	cly available:			
1.	Company Name:				
2.	Company Website:				
3.	Primary Contact:				
	Name:		Office Phone:	_	
	Title:		Cell (if desired):		
	Email:				
4.	What services do you offer (check all that apply)?				
	Energy Audit		Feasibility Studies		
	Measurement and Verification		Installation		
	Energy Modeling		Project Design		
	Retro-Commissioning		Installation		
	Project Management		Project Integration		



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5.	What energy improvements does your firm o	ffer (check all that apply)?
	Air compressors	
	Building/Energy Management Systems	
	Building Envelope	
	EV Charging Stations	
	Cogeneration/CHP	
	Electrical	
	Geothermal	
	HVAC	
	Lighting	
	Motors and Drives	
	Project Management	
	Solar PV	
	Solar Thermal	<del></del>
	Other (please describe)	<del></del>
	mark your agreement with the following and s  I have read and understand the current version form.	ign: on of the MC-PACE Program Guidelines as of the date of this
	I agree to be listed publicly as a Registered Co	ontractor on the MC-PACE program website.
 Progra	I certify that the responses submitted are truent meaning means.	e and accurate and that, if requested, I will provide evidence to the
	I acknowledge that the Program Manager wil	I rely upon the responses submitted.
	I certify that I am duly authorized to sign this	document on behalf of my firm.
Signatı	ure:	
Name	(print):	
Date:		