



EPCOR Preferred HVAC Contractor Registration Form

Risk Management:

WSIB Firm/ Clearance number _____ Are you in Good Standing? Yes No

Certificate of Liability Insurance in excess of 5 Million attached? Yes No

TSSA Registration number _____ Audited within last 36 Months Yes No

SAFETY:

Have you had a time-loss injury within the past 24 months Yes No

Do you have a formal safety program Yes No

SERVICE:

Do you offer a financing program? Yes No

Do you typical service the Kincardine and Huron-Kinloss area? Yes No

Do you offer 24 hour emergency service? Yes No

Number of certified Gas Technicians on staff? < 5 > 5

Does your company service and install commercial equipment? Yes No

Do you employ 1 or more technician with a fitter 1 certificate? Yes No

CONTRACTOR INFO:

Legal Name: _____ Operating Name _____

Mailing Address: _____ City/Town: _____

Postal Code: _____ Phone Number: _____

Contact Name: _____ Contact Email: _____

**Email COMPLETED form to gasapp@epcor.com for approval.
Please include Liability Insurance Certificate.**