

New Installer Questionnaire

Requirements to be included as an approved installer for the UMassFive MySolar program:

- All Expedited installers in the Mass Solar Loan program are automatically eligible
- All installers certified by the North American Board of Certified Energy Practitioners (NABCEP)
 are automatically eligible upon receipt of the questionnaire below and cover page of their general
 liability policy.
- All others must be vetted and provide completed questionnaire below, coverage page of general liability policy, and Master electrician license.

Name of Commonwe		
Name of Company:		
Address:		
(if PO box, please provide physical address as well) _		
Phone #:	Official Website (URL):	
Primary Contact:	Email Address:	
Type of Company:		
☐ Sole Proprietorship	☐ Partnership	☐ Corporation (C,S,K, & others)
☐ Limited Liability Company (LLC)	☐ Limited Partnership	
☐ Cooperative	\square Non-profit Corporation	
Number of Years in Business:		
Names of Owners with 25% or more ov	-	
Please Select:		
☐ Y or ☐ N Are you party to any laws	uits? If you answered yes , please	provide details separately.
☐ Y or ☐ N Have you completed more	e than 25 successful residential so	olar installations?

