



**Commissioners**  
Nancy E. Barnes  
Carol J. Curtis  
Byron H. Hanke

**Chief Executive Officer/  
General Manager**  
Wayne W. Nelson

Commercial/Industrial Lighting Incentive Program  
Contractor Registration  
Information/Professional Criteria

Contractor to be listed as business name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Washington Contractor's License Number: \_\_\_\_\_

Taxpayer ID#: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Key Contact Person(s): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Abstract of Company**

Please provide a brief written description of your company's services, mission, history, etc.  
These abstracts will be shared with customers on request.

Listing desired

Please include my company on distributed contractor list(s)

Please include my company as a registered contractor, but **do not** put my name on distributed list(s)

### **Professional Criteria**

All contractors participating in Clark Public Utilities Commercial/Industrial Lighting Incentive Program (CLIP) are expected to operate according to accepted business practice and ethics. Registered contractors agree to:

- Answer their business phone with the company name
- Provide telephone access between 8am and 5pm, Monday-Friday. Live answering is preferred; however, voicemail may be used as long as messages are returned promptly.
- Provide standardized, complete, written bids/proposals within **two** weeks of an estimator visit.
- Work completed within 90 days of job authorization unless extension is granted
- Respond courteously to customer complaints or inquiries
- Represent the programs offered by Clark Public Utilities in an accurate, positive manner
- Do not make disparaging remarks about other registered contractors, utility programs or staff
- Represent their companies in a professional manner at all times
- Notify customers if they are unable to meet a scheduled appointment to perform work or estimates. Failure to notify a customer of a changed schedule puts a hardship on the customer.

### **Contractors Assurance**

The undersigned contractor agrees to abide by the professional criteria listed above. Contractor's statements in registration information are true and accurate. Contractor understands that inclusion as a registered contractor may be revoked according to the Contractor Registration listing and delisting procedures.

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Contractor Signature

Name (please print)

Date