

Contractor Connect Application

Get Connected

Contractor Information

Primary Contact Name: _____

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

E-Mail Address: _____

About Your Company

Is your company BPI certified? Please check one. YES NO

How many years have you been actively converting customers/businesses from Oil/Propane to Natural Gas? _____ Yrs.

Current number of employees at your company: _____

Please check the type of work you specialize in: Residential HVAC Commercial HVAC

What is your preferred Plumbing Supply House/Vendor? _____

What is your preferred OEM (Equipment Manufacturer)? _____

Please list all applicable held licenses / Trade Affiliations:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Insurance Carrier/Contact: _____

Can you provide a copy of your insurance certificate? YES NO

If no, please explain: _____

General liability insurance coverage amount: \$ _____

*Any change/update in coverage must be provided to Orange & Rockland Gas Expansion Team within 24 hours of made changes.

Do you service the following counties? Orange County Rockland County

Please specify towns:

1. _____ 2. _____

3. _____ 4. _____

Print Name: _____ Signature of Owner/Principal Party: _____

Date: _____



Two ways to send us the form:

1. Print and fax completed form to **845-342-8939**. **2.** E-mail completed form to: **gasconversionteam@oru.com**