

**Appendix A: ICC-SRCC Application for Inspection Provider Program Approval**

<b>APPLICANT INFORMATION</b>		
Submit the completed application to: <a href="mailto:apply@solar-rating.org">apply@solar-rating.org</a>		
Applicant (Company Name):		
Mailing Address:		
City:	State:	ZIP Code:
Phone:	Website:	
New Application: <input type="checkbox"/>	Renewal: <input type="checkbox"/>	Reinstatement: <input type="checkbox"/>
Inspection Program Manager:		
Contact person:		Title:
Contact address:		
City:	State:	ZIP Code:
Phone:	E-mail:	

<b>ACCREDITATION AND RECOGNITION INFORMATION</b>	
Name of Authorized ISO/IEC 17020 Accreditation Body:	

Date of ISO/IEC 17020 Accreditation:	
Date of ISO/IEC 17020 Accreditation Expiration:	
Please provide the following documents with this Application:	
<input type="checkbox"/> Copy of current ISO/IEC 17020 Accreditation Certificate <input type="checkbox"/> Proof of liability insurance in the amount of \$1,000,000 or more. <input type="checkbox"/> Resumes of Inspectors <input type="checkbox"/> Copy of Proof of Liability Insurance or documentation of self-insurance	
Check other program recognitions and approvals:	
Solar Keymark	Date:
Global Solar Certification Network	Date:
Other	

<b>SCOPE OF INSPECTION APPROVAL REQUESTED</b>
<input type="checkbox"/> ICC-SRCC OG-100 Solar Thermal Collector Certification Program
<input type="checkbox"/> ICC-SRCC OG-300 Solar Thermal System Certification Program
<input type="checkbox"/> ICC-SRCC ENERGY STAR Residential Water Heater – Solar Water Heater Certification Program
<input type="checkbox"/> ICC-SRCC Solar Heating and Cooling Codes and Standards Listing Program

**SUBJECT MATTER COMPETENCY**

(New Application and Reinstatement Only)

Provide evidence of technical competence as appropriate for the ICC-SRCC certification program(s) selected above:

Describe policies and procedures implemented for the assessment and monitoring of personnel engaged in inspection activities:

Provide examples of past inspection activities for relevant technologies:

**AUTHORIZED SIGNATURES**

By signing, the applicant represents and agrees that all the information presented in the above application is true and correct, and agrees to abide by all ICC-SRCC policies, including the *ICC-SRCC Inspection Provider Policy*.

Inspection Program Manager (Print Name):

Title:

Signature:

Date: