

## SRP BUSINESS SOLUTIONS

# FY24 ELECTRIC TECHNOLOGY AND EV CHARGING PROGRAM TRADE ALLY APPLICATION

To become a registered Salt River Project (SRP) Trade Ally, you must attend one (1) program training workshop and submit this completed application to [etechrebates@srpnet.com](mailto:etechrebates@srpnet.com). Please request a training session if you did not attend the SRP FY24 Commercial Electrification Kickoff event (4/18/23).

The SRP team will review all applications. Upon acceptance, your company name and contact information will be added to the FY24 Trade Ally Network List, which is published on SRP's website.

Business references are for internal purposes only and will not be shared on the SRP website. Please note: Listing as a registered Trade Ally does not constitute an endorsement by SRP. Listed companies are independent contractors who are unaffiliated with SRP. Trade Ally performance is not guaranteed by SRP. The Company must comply with all laws and maintain all appropriate licenses, registrations, and certifications for the work it is performing.

SRP has the right at any time to remove the Company from the Trade Ally Network for any reason. Withdrawal from the Trade Ally Network is at the sole discretion of SRP and SRP bears no liability of any kind as a result of such withdrawal from the Trade Ally Network.

Company Information			
<b>Company Name</b>			
<b>Company Website</b>			
<b>Company Email</b>			
<b>Street Address</b>			
<b>City</b>		<b>State</b>	
<b>Zip Code</b>		<b>Phone</b>	
<b>Year Business Incorporated</b>		<b>State</b>	
<b>Area of Work</b> <i>(check all that apply)</i>	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Electrical Contractor <input type="checkbox"/> ESCO	<input type="checkbox"/> Distributor/Supplier <input type="checkbox"/> Specifier/Consultant <input type="checkbox"/> Other: -----	
<b>Company Description</b>			



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Primary Contact Information	
Name	
Title	
Phone	
Email	

Secondary Contact Information	
Name	
Title	
Phone	
Email	

Reference #1 Information	
Company Name	
Contact Name	
Contact Title	
Contact Email	
Contact Phone	
Brief Description of Company Services	

Reference #2 Information	
Company Name	
Contact Name	
Contact Title	
Contact Email	
Contact Phone	
Brief Description of Company Services	

*By signing below, you certify that all the information provided above is correct and that you agree to abide by the Program's Terms and Conditions for participation.*

**Signature:** .....

**Name (Printed):** .....

**Date Signed:** .....