

**APPLICATION FOR RENEWAL OF CSP REGISTRATION
NO CHANGES INCURRED TO APPLICATION OF RECORD**

The Applicant is filing with the Commission this Application for Renewal of CSP Registration. There are NO CHANGES to the Applicant's CSP Application of record on file at the Commission at the Docket Number appearing at the bottom of this Petition.

I have reviewed the Applicant's CSP Application of record and no information contained therein has changed or requires updating. Furthermore, no compliance issues have occurred relating to the Applicant's CSP Application regarding responses to Questions 4.1 – 4.4. Enclosed are the following items:

- a. Cover sheet providing all information relating to "Identity of the Applicant," pursuant to Question Nos. 1(a)-1(j) of the CSP Application; ✓
- b. Renewal application fee of \$25; ✓
- c. Affidavit, attesting to the truth and knowledge of these facts; and ✓
- d. Proof of current liability insurance coverage. ✓

(Typed name and title of authority on behalf of Applicant identified on the attached cover sheet)

(Date and Signature of named authority)

The Applicant understands that the making of false statement(s) herein may be grounds for denying the Application for Renewal of Conservation Service Provider Registration, or if later discovered, for revoking any authority granted pursuant to the Application. This Application is subject to 18 Pa. C.S. §§4903 and 4904, relating to perjury and falsification in official matters.

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FEB 21 2014

PA PUBLIC UTILITY COMMISSION
SECRETARY'S BUREAU

**CONSERVATION SERVICE PROVIDER ("CSP") APPLICATION
FOR REGISTRATION IN THE COMMONWEALTH OF PENNSYLVANIA**

Conservation Service Providers ("CSPs") have a specific role under Act 129, which requires a covered Electric Distribution Company's Energy Efficiency and Conservation (EE&C) plan to include one or more CSPs to "provide information and technical assistance on *measures* [italics emphasized] that enable a person to increase energy efficiency or reduce energy consumption." 66 Pa.C.S. §§ 2806.1(b)(1)(i)(e) & 2806.1(m). As such, registration of business entities as approved CSPs is required before entering into a contract agreement with an EDC exclusively for the provision of consultation, design, administration, management or advisory services regarding that EDC's EE&C plan. This registry is not intended as a resource of business, whose sole purpose is the installation of measures, supplying equipment or other contracting work for use by the general public and EDC customers. If providing such services, registration as a CSP is not required for entering into an agreement with an EDC.

1. IDENTITY OF THE APPLICANT

a. Legal Name of Applicant: Applied Energy Group

Attach proof of compliance with appropriate Pennsylvania Department of State filing requirements.¹

b. Trade or Commercial or Fictitious Names Used by Applicant (d/b/a)—List all that apply.

The Applicant will be using a fictitious name or doing business as ("d/b/a"). Identify names below. If more space is needed, list names on the back of this page or append list to completed application.

The Applicant will not be using a fictitious name.

c. Applicant Address: 1377 Motor Parkway, Suite 401, Islandia, NY 11749

d. Applicant Telephone No: 631-434-1414

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e. Applicant FAX No: 631-434-1212

FEB 21 2014

f. Applicant Email Address: tmaslak@appliedenergygroup.com

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¹ A copy of any document from the Pennsylvania Department of State (Pa. Dept. of State) documenting the Applicant's Pa. Dept. of State entity number is adequate. However, the document must indicate that the Applicant's Pa. Dept. of State registration is "active." Certified copies of Pa. Dept. of State documents are not required.

g. Contact Information for Applicant. PLEASE NOTE: Upon approval of this application, this Contact Information will be listed on the Commission's CSP Registry.

- Name Timothy Maslak
- Mailing Address 1377 Motor Parkway, Suite 401, Islandia, NY 11749
- Telephone and FAX Nos. 631-434-1414/631-434-1212
- Email Address tmaslak@appliedenergygroup.com

h. Predecessor(s) & Other Names used by Applicant for past five (5) years of date of this application. Provide Name(s), Address(es) and Telephone No.(s).

- Check Box if any Predecessor(s) is currently or was previously registered in Pennsylvania as a CSP. If affirmative, please provide Docket No(s). (A-[Year]-[Seven (7) Digits]) and names for all registered CSPs.

i. Parent & Subsidiary Companies & Affiliates:

- Parent Name and Contact Information. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC).

- Subsidiaries and Contact Information. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC).

- Affiliate(s) and Contact Information. Check Box if any affiliate is currently doing business in Pennsylvania as a CSP or Electric Distribution Company (EDC).

j. **Contracts & Business Partnerships:**

Check Box if Applicant intends to or has operated under contract with or has partnered with an EDC within the past five (5) years.

Check Box if Applicant intends to or has operated under contract (subcontractor) with or has partnered with a CSP within the past five (5) years.

Provide company name(s) and contact information and briefly describe the nature of business services associated with each contract and/or partnership. If "None," do not check the box and answer "None" below.

k. Identify principal officers (owners, executives, partners and/or directors), as appropriate for Applicant's organizational structure. Provide an organizational chart and the names, titles, business addresses and telephone numbers for each office.

N/A for renewal

l. Attach to this Application a brief biography or single page professional resume for all principal officers and management directly responsible for Applicant's operations.

N/A for renewal

AFFIDAVIT

[Commonwealth/State] of New York :

: ss.

County of Suffolk :

Michael Marks, Affiant, being duly [sworn/affirmed] according to law, deposes and says that:

[He/she is the President (Office of Affiant) of Applied Energy Group (Name of Applicant);]

[That he/she is authorized to and does make this affidavit for said Applicant;]

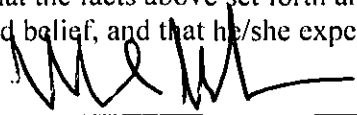
That the Applicant herein Applied Energy Group has the burden of producing information and supporting documentation demonstrating its technical and financial fitness to be registered as a conservation service provider pursuant to Act 129 of 2008.

That the Applicant herein Applied Energy Group acknowledges that it has answered the questions on the application correctly, truthfully and completely and has provided supporting documentation as required.

That the Applicant herein Applied Energy Group acknowledges that it is under a duty to update information provided in answer to questions on this application and contained in supporting documents.

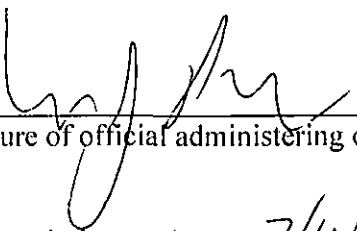
That the Applicant herein Applied Energy Group acknowledges that it is under a duty to supplement information provided in answer to questions on this application and contained in supporting documents as requested by the Commission.

That the facts above set forth are true and correct to the best of his/her knowledge, information, and belief, and that he/she expects said Applicant to be able to prove the same at hearing.



Signature of Affiant

Sworn and subscribed before me this 21 day of February, 2014.



Signature of official administering oath

LESLIE J. PLANK
Notary Public, State of New York
No. 01PL6149453
Qualified in Suffolk County
Commission Expires July 10, 2014

My commission expires: 7/10/2014



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/06/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. Boston MA Office One Federal Street Boston MA 02110 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122		FAX (A/C. No.): (800) 363-0105
	E-MAIL ADDRESS:		
INSURED Applied Energy Group, Inc. 1377 Motor Parkway, Suite 401 Islandia NY 11749 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B: Zurich American Ins Co		16535
	INSURER C: Steadfast Insurance Company		26387
	INSURER D:		
	INSURER E:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER:** 570052155301 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL0585238801	11/30/2013	11/30/2014	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP5852387-01 AOS	11/30/2013	11/30/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			8766149	11/30/2013	11/30/2014	EACH OCCURRENCE	\$10,000,000
							AGGREGATE	\$10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC595394500	11/30/2013	11/30/2014	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
			N/A				E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000
C	E&O-PL-Primary			EOC669274303 SIR applies per policy terms & conditions	11/30/2013	11/30/2014	Agg/Occ	\$2,000,000

Certificate No : 570052155301

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Applied Energy Group, Inc. 1377 Motor Parkway, Suite 401 Islandia NY 11749 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>
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From: (631) 434-1414
Theresa Brace
APPLIED ENERGY GROUP
1377 Motor Parkway
Suite 401
Islandia, NY 11749

Origin ID: WLMA



J14101402070326

Ship Date: 21FEB14
ActWgt: 0.3 LB
CAD: 101061330/NET3490

Delivery Address Bar Code



SHIP TO: (631) 434-1414 **BILL SENDER**
Mr. James McNulty
Pennsylvania Public Utilities Comm.
400 NORTH ST
COMMONWEALTH KEYSTONE BUILDING
HARRISBURG, PA 17120

Ref #
Invoice #
PO #
Dept #

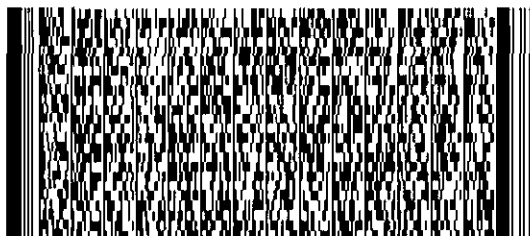
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PRIORITY OVERNIGHT



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