

SUBCONTRACTOR APPLICATION

For

(subcontractor Name)

Documents to be submitted with Application:

- Master Agreement (2 copies signed)
- Completed Application
- Insurance Certificate in compliance with Great Lakes requirements
- EMR Rating from Insurance Company
- Completed W-9
- List of 3 Verifiable Trade References

SUBCONTRACTOR INFORMATION

FULL LEGAL NAME OF COMPANY: _____

LEGAL ENTITY (CORPORATION, LLC, ETC): _____

STATE OF FORMATION: _____

NUMBER OF YEARS IN BUSINESS: _____

NAMES AND TITLES OF PRINCIPLE OFFICERS:

NAME	POSITION

MAILING ADDRESS : _____

BILLING ADDRESS: _____

TELEPHONE: _____

FAX: _____

FEDERAL TAX ID NUMBER: _____

SIC OR NAICS NUMBER: _____

DUN & BRADSTREET NUMBER : _____

CAPABILITIES

NUMBER OF FULLY EQUIPPED TOWER CREWS: _____

NUMBER OF FULLY EQUIPPED CIVIL CREWS: _____

PLEASE LIST ALL VEHICLES AND MAJOR EQUIPMENT YOUR COMPANY OWNS OR LEASES:

TYPE OF WORK YOUR COMPANY IS CERTIFIED AND/OR LICENSED TO PERFORM:

DESCRIPTION OF CERTIFICATES AND/OR LICENSES HELD:

SAFETY & HEALTH

LIST YOUR COMPANY'S EMR FOR THE THREE MOST RECENT YEARS

_____ 2006 _____ 2007 _____ 2008

HAS YOUR COMPANY HAD ANY FATALITIES? _____

(IF YES, PLEASE ATTACH FULL EXPLANATION OF EVENTS ON AN ATTACHED SHEET)

HAS YOUR COMPANY RECEIVED ANY OSHA CITATION WITHIN THE PAST THREE YEARS?

(IF YES, PLEASE ATTACH FULL EXPLANATION OF EVENTS ON AN ATTACHED SHEET)