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| **C:\Users\West Texas AGC\Pictures\Capture B.JPGWEST TEXAS CHAPTER AGC, INC.***Skill, Integrity, Responsibility* |
| **Date: General Contractor Membership Application** |
| **Member Information** |
| Company Name: |
| Mailing Address: | Street Address: |
| City/State: | Zip: | City/State: | Zip: |
| Phone: | Cell: |
| Fax: | Website |
| **Principal contact person** receiving West Texas AGC Chapter notifications:  |
| Principal’s - contact email:  | Accounting email if different: |
| Email contact(s) for weekly Newsletter and Daily Updates: |
| Email contact(s) for internet plan room invitations and notices: |
| **Company Background** |
| Date company established as a General Contractor firm under this name: | Has the Company been an AGC Member before: Yes □ No □If Yes, list year and under what name and Chapter: |
| # of persons in the firm: | Indicate if your company is registered with State or Federal: SBE (Small Business Enterprise) □ WBE (Women-Owned Business) □MBE (Minority Business Enterprise) □ LBE (Large Business Enterprise) □ |
| Of these: # of field employees: |
| List type and scope of work the firm specializes in or services provided by your company: |
| *Classification* | *CSI Code* |
| **Primary**: |  |
| Alternate: |  |
| Alternate: |  |
| Has this company or a company you were a principal in failed to complete a contract awarded to them? Yes □ No □ |
| Has this company or a company you were a principal in ever been found guilty in a lawsuit by an owner or architect for fraudulent practices: Yes □ No □ |
| Company is a Corporation □ LLC □ Partnership □ Sole Proprietorship □ |  |
| **Principal Officers** **Name Title # of Years with Company** |
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| **Reference and Documents (support documentation required noted in red)** |
| 1. Complete the following information and if (yes) **provide COPIEs of current company certificate of insurance:**
 |
|  | **Yes** | **No** | **Agency** | **Agent** | **Phone/or/Email** |
| General Liability |  |  |  |  |  |
| Workers Compensation |  |  |  |  |  |
| Bonding – current capacity: $ |  |  |  |  |  |
| 1. **PROVIDE A MINIMUM OF THREE (3) REFERENCES FROM DESIGN PROFESSIONALS/ARCHITECTS AND/OR ENGINEEERS; PROVIDE A MINIMUM OF THREE (3) REFERENCES INCLUDING SUB-CONTRACTORS AND CUSTOMERS.**  Letters may be provided.
 |
| **Company Name** | **Type of Ref** | **Contact Person** | **Phone** | **Email** |
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| 1. **provide a project list of work** performed as a General Contractor: including current work and *work performed the previous two years* including name of project, location, date of construction and contract amount. For a minimum of ten projects include: owner, architect/engineer and major sub-contractors. AIA pre-qualification form acceptable.
 |
| **Acknowledgements**  |
| I, on behalf of the company, certify the statements are correct and true and agree, if approved, will follow the Constitution and By-Laws of the West Texas Chapter AGC (Association) and AGC of America as long as I (we) continue as a member. |
| Company: |
| Name: | Title: |
| Signature: | Date: |
| **Board Review**  | Date: |
|  Approved □ Denied □ Tabled □ | Comments: |
|  |  |
|  |  |

**Please Return completed application by mail or email to West Texas Chapter AGC, Inc.**

**Attn: Cassie Hughes, Executive Director**

**P. O. Box 5365 Abilene, TX 79608**

**chughes@wtagc.org** **P: (325) 676-7447**

***ALL General Contractor applications require approval by the West Texas AGC Chapter Board of Directors.***

***Evaluations are scored non-subjectively based on the documents provided. A minimum score of 80 is required for approval.***

**WEST TEXAS CHAPTER AGC PLAN ROOMS**

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| **Abilene – Corporate Office** | **Lubbock** | **Midland** | **Wichita Falls** |
| 3125 S. 27th St./P.O. Box 5365 | 3004 B 50th St. | 4500 W. Illinois Suite 201 | 3100 Seymour Hwy. Suite 214 |
| Abilene, TX 79605/79608 | Lubbock, TX 79413 | Midland, TX 79703 | Wichita Falls, TX 76301 |
| 325/676-7447 | 806/797-8898 | 432/520-2220 | 940/322-0100 |
| wtagc@sbcglobal.net | lubbock@wtagc.org | midland@wtagc.org | wichitafalls@wtagc.org |
| ***FAX 325/676-7119*** |
| ***wtagc.org*** |