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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: | | | | |
|  | | | |  | | | | |
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**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**](mailto: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*** | | | |