



**AGC**  
**WEST TEXAS CHAPTER**  
 THE CONSTRUCTION ASSOCIATION

# WEST 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 (primary) contact person** receiving West Texas AGC Chapter notifications:

Primary contact email:

Accounting or Accounts Payable email:

Email contact(s) for weekly Newsletter and Daily Updates:

Email contact(s) for internet plan room:

Email contact(s) for continuing education/professional development, human resources, leadership, safety, and workforce development information:

Email contact(s) for discount and savings programs:

## 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:

Of these: # of field employees:

- SBE (Small Business Enterprise)
- WBE (Women-Owned Business)
- MBE (Minority Business Enterprise)
- LBE (Large Business Enterprise)

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 (documentation noted in red, required prior to processing for review)                                                                                                                                                                                                                                                                                                          |             |                |        |                         |                |
| A. Complete the following information and if (yes) <b>PROVIDE COPIES OF CURRENT COMPANY CERTIFICATE OF INSURANCE:</b>                                                                                                                                                                                                                                                                                  |             |                |        |                         |                |
|                                                                                                                                                                                                                                                                                                                                                                                                        | Yes         | No             | Agency | Agent                   | Phone/or/Email |
| General Liability                                                                                                                                                                                                                                                                                                                                                                                      |             |                |        |                         |                |
| Workers Compensation                                                                                                                                                                                                                                                                                                                                                                                   |             |                |        |                         |                |
| Bonding – current capacity: \$                                                                                                                                                                                                                                                                                                                                                                         |             |                |        |                         |                |
| B. <b>PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM DESIGN PROFESSIONALS/ARCHITECTS AND/OR ENGINEERS. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES INCLUDING SUB-CONTRACTORS AND CUSTOMERS.</b> ADDITIONAL REFERENCES MAY BE LISTED BELOW.                                                                                                                                               |             |                |        |                         |                |
|                                                                                                                                                                                                                                                                                                                                                                                                        | Type of Ref | Contact Person | Phone  | Email                   |                |
|                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |        |                         |                |
|                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |        |                         |                |
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|                                                                                                                                                                                                                                                                                                                                                                                                        |             |                |        |                         |                |
| C. <b>PROVIDE A PROJECT LIST OF WORK</b> performed as a General Contractor: including current work and <i>work performed for the previous two years or longer</i> . Include the name of project, location, date of construction and contract amount. <b>For a minimum of ten projects listed include:</b> owner, architect/engineer and major sub-contractors. AIA pre-qualification forms 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.                                                                                                                                                       |             |                |        |                         |                |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                  |             |                | Title: |                         |                |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                             |             |                | Date:  |                         |                |

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

Scott Hughes, Executive Director  
3125 S. 27<sup>th</sup> St., Abilene, TX 79605  
[scotth@wtagc.org](mailto:scotth@wtagc.org) P: (325) 676-7447

*Fees are based on dollar volume of work acquired in the previous calendar year and increases on a scale based on fee schedule approved annually by the 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 – Physical Offices / Plan Rooms**

| ABILENE – Corporate Office                                                                 | MIDLAND                                                                 | WICHITA FALLS                                                                    |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Josué Williams   <a href="mailto:abilene@wtagc.org">abilene@wtagc.org</a>                  | April Valdez   <a href="mailto:midland@wtagc.org">midland@wtagc.org</a> | Donna Craib   <a href="mailto:wichitafalls@wtagc.org">wichitafalls@wtagc.org</a> |
| 325.676.7447                                                                               | 432.520.2220                                                            | 940.322.0100                                                                     |
| 3125 S. 27 <sup>th</sup> St. Suite A                                                       | 4500 W. Illinois Suite 201                                              | 2014 Kell W. Blvd. Suite C                                                       |
| Abilene, TX 79605                                                                          | Midland, TX 79703                                                       | Wichita Falls, TX 76301                                                          |
| Executive Director • Scott Hughes • <a href="mailto:scotth@wtagc.org">scotth@wtagc.org</a> |                                                                         |                                                                                  |
| website • <a href="http://wtagc.org">wtagc.org</a>                                         |                                                                         |                                                                                  |