



**AGC**  
WEST TEXAS CHAPTER  
THE CONSTRUCTION ASSOCIATION

## WEST TEXAS CHAPTER AGC, INC.

*Skill, Integrity, Responsibility*

### General Contractor Membership Application

Date:

#### Member Information

Company Name:

Mailing Address:

Street Address:

City/State:

Zip:

City/State:

Zip:

Phone:

Cell:

Website:

Indicate the social media platforms your company uses:

Facebook ☐ Instagram ☐ LinkedIn ☐

**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 (cProject):

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 under this name:		Has the Company been an AGC Member before: Yes <input type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> WBE (Women-Owned Business) <input type="checkbox"/> MBE (Minority Business Enterprise) <input type="checkbox"/> LBE (Large Business Enterprise) <input type="checkbox"/>			
Of these: # of field employees:					
Classification or Scope of Work				CSI/UCI Code	
Primary:					
Alternate:					
Alternate:					
Has this company or a company you were a principal in failed to complete a contract awarded to them? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Company is a:    Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/>					
Principal Officers					
Name	Title		# of Years with Company		
References and Documents <small>documentation noted in red, required prior to processing for review</small>					
	Yes	No	Agency	Agent	Phone/or/Email
General Liability					
Workers Compensation					
Bonding – current capacity: \$					
<ol style="list-style-type: none"> <li><b>1. PROVIDE COPY OF CURRENT CERTIFICATE OF INSURANCE.</b></li> <li><b>2. PROVIDE LETTER FROM BONDING AGENT DETAILING BONDING CAPACITY.</b></li> <li><b>3. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM ARCHITECTS OR ENGINEERS.</b></li> <li><b>4. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM SUBCONTRACTORS OR SUPPLIERS.</b></li> <li><b>5. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM PROJECT OWNERS/CUSTOMERS.</b></li> <li><b>6. PROVIDE PROJECT LIST</b> include current work and work performed for the previous two years (minimum) or longer. Include the project name, location, construction start date, construction completion date, and contract amount.</li> <li><b>7. PROVIDE LIST OF PROJECT TEAM FOR A MINIMUM OF 10 PROJECTS</b> include owner, architect, engineer, all major subcontractors.</li> </ol>					

### Acknowledgement

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) 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.*