



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"/>	
Has company been found guilty in a lawsuit by an owner or architect for fraudulent practices? 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 <i>documentation noted in red, required prior to processing for review</i>					
	Yes	No	Agency	Agent	Phone/or/Email
General Liability					
Workers Compensation					
Bonding – current capacity: \$					

- 1. PROVIDE COPY OF CURRENT CERTIFICATE OF INSURANCE.**
- 2. PROVIDE LETTER FROM BONDING AGENT DETAILING BONDING CAPACITY.**
- 3. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM ARCHITECTS OR ENGINEERS.**
- 4. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM SUBCONTRACTORS OR SUPPLIERS.**
- 5. PROVIDE A MINIMUM OF THREE (3) WRITTEN REFERENCES FROM PROJECT OWNERS/CUSTOMERS.**
- 6. PROVIDE PROJECT LIST** 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.
- 7. PROVIDE LIST OF PROJECT TEAM FOR A MINIMUM OF 10 PROJECTS** include owner, architect, engineer, all major subcontractors.

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. 27th St., Abilene, TX 79605
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.