

CONTRACTOR ACCREDITATION APPLICATION FORM

You must be a contractor member of ABAA to apply for accreditation.

Representative (Primary Contact):		
Company Legal Name:		
Company Trade Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Fax:	Email:
Website:		
Additional Branch Locations:		
Other Legal Company or Trade Names:		

Type of Business

- Sole Proprietorship
 Corporation
 Partnership

Date of Corporation/Registration: _____

Name and Addresses of all Principals and Directors (If more than 3, please attach list to back)

Name:	Address:
Name:	Address:
Name:	Address:

Type of Air Barriers Applied

- | Air Barrier Type | # Years of Experience |
|--|-----------------------|
| <input type="checkbox"/> Fluid Membrane | _____ |
| <input type="checkbox"/> Self-Adhered Membrane | _____ |
| <input type="checkbox"/> Sprayed Polyurethane Foam | _____ |
| <input type="checkbox"/> Boardstock | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Main Suppliers (Minimum of 3)

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Subcontractors Utilized

Name:	Address:	Phone:
Name:	Address:	Phone:
Name:	Address:	Phone:

Financial Information

Financial Institution (Primary):	
Branch Address:	
Contact:	Position:
Phone:	Fax:

Accounting Firm:	
Address:	
Contact:	Position:
Phone:	Fax:

Legal Information

Legal Firm:	
Address:	
Contact:	Position:
Phone:	Fax:

Insurance Information

A copy of your Insurance Certificate with a minimum coverage of \$ 2,000,000.00 for general liability must be attached to this application.

Insurance Company:	
Address:	
Contact:	Position:
Phone:	Fax:

Comprehensive General Liability Insurance Amount: \$ _____

Bonding Information

A copy of a letter from your Bonding Company indicating that you are Bondable up to a minimum of \$ 300,000.00 must be attached to this application.

Bonding Company:	
Address:	
Contact:	Position:
Phone:	Fax:

Has your Company ever been bonded? Yes No

If yes, please indicate why: _____

Bonding Amount: \$ _____

Has the Company ever been refused bonding? Yes No

If yes, please indicate why: _____

Market Information

Number of Air/Vapor Barrier projects completed in a year: _____

Air/Vapor Barriers installed (check all that apply to your company): Roof Walls Subgrade

Approximate annual square footage of Air Barrier materials applied: _____

Number of projects completed in the previous year by product:

- Self-Adhered Membrane _____ Sprayed Polyurethane Foam _____
- Fluid Membrane _____ Boardstock _____

Percentage of projects you are required to tie into:

Roofs: _____ % Foundations: _____ % Wall Components _____ %

Annual Value of Air/Vapor Barrier work: \$ _____

Percentage of projects by value: Under \$50 000: _____ % \$50 000 to \$100 000: _____ %
\$100 000 to \$200 000: _____ % Over \$200 000: _____ %

Other business interests: _____

Indicate states served/willing to accept jobs in Air/Vapor Barrier work: _____

Installer Information

Certified Installer Name(s)	Certification Number

I hereby certify that to the best of my knowledge, the foregoing statements are true and correct, and they have been made to facilitate an agreement with ABAA.

I hereby authorize Building Professionals, on ABAA's behalf to contact and obtain credit and other information as necessary from the references listed on this application, as well as to conduct any other personal or company investigation necessary for the purpose of qualifying as an ABAA licensed contractor.

I hereby agree to abide by the code of ethics.

Printed Name

Signature

Date

All information received on this form is held in strictest confidence. The purpose of this form is strictly to facilitate the process of becoming a licensed contractor under the ABAA rules and regulations and to facilitate a way to track industry market information. The information is kept on file at the Building Professionals office. Under no circumstances is any one to have access to any information on this form other than the Building Professionals office.

Please submit completed form along with payment and insurance and bonding documents to:

abaa@airbarrier.org

Payment

Annual Membership and Accreditation: January 1st – December 31st.

Fees are not pro-rated & are subject to change without notice.

Contractor Membership Fee: \$1000

Licensing Fee: \$700

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Check Enclosed
Card Number:	Expiry Date:	CVV:	
Cardholder's Name:	Authorized Signature:		

THE ACCREDITATION PROCESS WILL NOT BE COMPLETED UNTIL ALL REQUIRED DOCUMENTS ARE SUBMITTED TO THE ABAA OFFICE.

For Office Use Only:

Total Invoice Amount: _____

Total Charge Amount: _____

Initials: _____