

## CONTRACTOR ACCREDITATION APPLICATION FORM

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

Representative Given Name(s): (Primary Contact)		Surname(s):	
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

Tax ID# (*mandatory*): \_\_\_\_\_ 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](mailto:abaa@airbarrier.org)

**Payment**

***Annual Membership and Accreditation: January 1<sup>st</sup> – December 31<sup>st</sup>.***

***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: \_\_\_\_\_