

**BUILDING INDUSTRY ASSOCIATION – LOS ANGELES/VENTURA CHAPTER**

**GENERAL CONTRACTOR APPLICATION AND REFERENCE FORM**

All applicants must complete this form and provide requested references. Please type directly into the boxes provided for responses. If additional space is needed, please submit separate sheets identifying the questions being answered on each sheet. Send completed applications to: crangel@bialav.org

|  |  |
| --- | --- |
| Name of Company/Licensee: |  |
| Address: |  |
| Name of Contact Person: |  |
| Office Phone #: |  |
| Email Address: |  |
| Contractor License # and Expiration Date: |  |
| Contractor License Type: |  |
| IRS Tax ID or Social Security #: |  |
| Is your firm classified as a\*:*\*not a requirement for consideration* | □ MBE □WBE □DBE □Veteran-owned |

Attach copies of your contractor’s license, MBE/WBE certifications (if applicable), certificates of general liability, and workers compensation insurance.

I am a (check all that apply):

|  |  |
| --- | --- |
| □ | General Contractor |
| □ | Subcontractor |
| □ | Architect |
| □ | Engineer |

**GENERAL QUESTIONS**

Describe the trade or construction type your company specializes in (check all that apply)

Which trades do you subcontract out?

|  |  |
| --- | --- |
| □ | Electrical |
| □ | Plumbing |
| □ | HVAC |
| □ | Masonry |
| □ | Roofing |
| □ | Painting |
| □ | Cabinetry |
| □ | Flooring |
| □ | Drywall |
| □ | Other: |

Are you willing to rehabilitate occupied residential units? □ Yes □ No

Provide the number of employees and describe their general duties and experience.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSTRUCTION EXPERIENCE AND PERFORMANCE RECORD**

Please provide the following information for construction projects currently underway and/or those completed over the last five years. *Provide individual sheets for each project as necessary.* BIA-LAV reserves the right to contact any or all references listed.

**A. PROJECTS CURRENTLY UNDERWAY** (if applicable)

|  |  |
| --- | --- |
| Project Address: |  |
| Owner’s Name: |  |
| Telephone #: |  |
| Type of Project (New construction, rehab, room addition): |  |
| Project Size (in sq. ft.) |  |
| Code Compliance Issues: |  |
| Start Date: |  |
| Projected End Date: |  |
| Total (projected) project time: |  |
| Trades your company performed: |  |

List sub contractor(s) and the trades they performed:

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Trade Performed: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Trade Performed: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Trade Performed: |  |

**B. COMPLETED PROJECTS**

|  |  |
| --- | --- |
| Project Address: |  |
| Owner’s Name: |  |
| Telephone #: |  |
| Type of Project (rehab, room addition): |  |
| Project size (in sq. ft.) |  |
| Code compliance issues: |  |
| Start date: |  |
| Projected end date: |  |
| Total (projected) project time: |  |
| Trades your company performed: |  |

List subcontractor(s)a and the trades they performed:

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Trade Performed: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Trade Performed: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Trade Performed: |  |

**C. SUPPLIERS/CONTRACTORS GOOD BUSINESS PRACTICES RECORD**

Please list three (3) professional references for suppliers/contractors you have done business with for a minimum of five (5) years.

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Relationship: |  |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Relationship: |  |

|  |  |
| --- | --- |
| Company Name: |  |
| Address: |  |
| Telephone #: |  |
| CSLB License #: |  |
| Relationship: |  |

**D. CLAIMS, CITATIONS AND/OR DISPUTES**

|  |  |
| --- | --- |
| Has your organization ever failed to complete any work awarded to it? | □ Yes □ No |
| Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?  | □ Yes □ No |
| Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?  | □ Yes □ No |
| Has your organization or members of your organization ever been cited by the California State Contractor’s License Board, or any other Governmental Licensing Agency?  | □ Yes □ No |
| In the last five years, has any Person in your organization had their Contractors license revoked?  | □ Yes □ No |
| Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)  | □ Yes □ No |
| In the last five (5) years, has your organization, or any Person, been “defaulted” or “ terminated” by an owner (other than for convenience of the project owner) or has your surety completed a contract for your organization?  | □ Yes □ No |
| In the last five (5) years, has your organization been assessed and paid liquidated damages after completion of a project under construction contract with either a public or private owner because of a delay not contemplated during the bid process?  | □ Yes □ No |
| In the last five (5) years, has your organization, or any organization associated with your organization’s Persons, been debarred, disqualified, removed or otherwise prevented from bidding on, or completing, any government agency or public works project for any reason?  | □ Yes □ No |
| In the last 7 years, has your organization or any Person in your organization filed a bankruptcy petition or been the subject of involuntary bankruptcy proceedings?  | □ Yes □ No |
| In the last 5 years, has your organization or any Person in your organization failed to file any required tax returns, or failed to pay any applicable Federal, State or City of Los Angeles taxes or other charges?  | □ Yes □ No |
| Has your organization or any Person in your organization ever been convicted of fraud, bribery, or grand larceny?  | □ Yes □ No |
|

|  |
| --- |
| In the last ten (10) years, has your organization, or any Person, ever been convicted of a crime involving any federal, state or local law related to construction, including acts of dishonesty?  |

 | □ Yes □ No |

**SIGNATURE**

I understand that the information set forth in this application and all attachments and supporting documentation is true and correct. I understand that BIA-LAV will rely on the information in or attached to this document and that this document is submitted to induce BIA-LAV to select me as a participating contractor.

I understand that if I am selected as a contractor/vendor, I must submit all additional disclosure forms required.

|  |  |  |
| --- | --- | --- |
| Name of Principal: |  |  |
| Signature of Principal: |  | Date: |
| Print Name & Title of Individual: |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Principal: |  |  |
| Signature of Principal: |  | Date: |
| Print Name & Title of Individual: |  |  |

**CONTRACTOR APPLICATION CHECKLIST**

**This check list is provided to ensure that your application is complete!**

|  |  |
| --- | --- |
| □ | Signed Application with this signed check list  |
| □ | Applicable copies of MBE, WBE Certifications (if applicable) |
| □ | Application fee of $95.00 payable to BIA-LAV |
| □ | Copy of General Contractor’s License  |
| □ | Copy of Current General Liability Insurance Certificate  |
| □ | Copy of Current Workers Compensation Insurance Certificate |

Send completed applications to: crangel@bialav.org