

**NEW CONTRACTOR INFO**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Recruiter: \_\_\_\_\_ State/Territory: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Owner(S): \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_ Other: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Workers Comp: Yes or No

**Floor Type Experience (Check off all that apply):**

Wood\_\_\_\_, Vinyl Tile\_\_\_\_, Carpet\_\_\_\_, Concrete\_\_\_\_, Marble\_\_\_\_, Terrazzo\_\_\_\_, Limestone\_\_\_\_,  
 Travertine\_\_\_\_, Ceramic Tile\_\_\_\_, Wool & Sisal Carpet\_\_\_\_, Manufactured Flooring\_\_\_\_

**Service Experience (Check off all that apply):**

Janitorial\_\_\_\_ Stripping\_\_\_\_ Scrubbing\_\_\_\_ Spray Buffing\_\_\_\_ Upholstery Cleaning\_\_\_\_ Carpet Extraction\_\_\_\_  
 High Dusting\_\_\_\_ Grout Cleaning\_\_\_\_ Re-lamping Screening\_\_\_\_ Sanding Awning\_\_\_\_ Power Washing\_\_\_\_  
 Window (Cleaning or Replacement)\_\_\_\_

Tile Installation\_\_\_\_, Carpet Installation\_\_\_\_, Wood Installation\_\_\_\_, General Repairs\_\_\_\_, Emergency Clean-  
 up\_\_\_\_, Mold Remediation\_\_\_\_, HVAC Plumbing\_\_\_\_, Electrical\_\_\_\_, Pest Control\_\_\_\_, Landscaping\_\_\_\_

**Equipment Owned (Check off all that apply):**

Slow Speed Buffer\_\_\_\_, High Speed Buffer (Electric or Propane)\_\_\_\_, Extractor (Portable or Truck  
 Mount)\_\_\_\_, Auto Scrubber\_\_\_\_, Wet Vacuum\_\_\_\_, Air Movers (dries wax)\_\_\_\_, Propane Stripper\_\_\_\_, Power  
 Washer PSI\_\_\_\_, Dehumidifiers Negative Air\_\_\_\_

**Building Experience (Check off all that Apply):**

Residential\_\_\_\_, Office\_\_\_\_, Commercial Building\_\_\_\_, Retail\_\_\_\_, Super Market\_\_\_\_, Hospital\_\_\_\_,  
 Government\_\_\_\_, Schools\_\_\_\_, Airports\_\_\_\_

**Additional comments:**

**Once the below information is Received & Completed, please check off accordingly:**

General Liability: \_\_\_\_\_ Workman's Comp: \_\_\_\_\_ W9 Form: \_\_\_\_\_ Signed Contract: \_\_\_\_\_  
 Hiring Practices Certificate: \_\_\_\_\_ Pricing Confirmed: \_\_\_\_\_ Region: \_\_\_\_\_ Crew # \_\_\_\_\_  
 Scanned Docs in WESTS \_\_\_\_\_ Sent T-shirts & Temp Badges \_\_\_\_\_ Emailed Start-up \_\_\_\_\_

**BUSINESS OWNERSHIP SURVEY**

- (1) Is at least 51% of your business owned and managed by a woman? YES\_\_\_, NO\_\_\_,
- (2) Is at least 51% of your business owned and managed by a minority? YES\_\_\_, NO\_\_\_,
- (3) If you answered YES to #2, check the applicable box  
African American\_\_\_, Asian American\_\_\_, Hispanic American\_\_\_, Native American\_\_\_,
- (4) Is at least 51% of your business owned and managed by a veteran? YES\_\_\_, NO\_\_\_,
- (5) Is at least 51% of your business owned and managed by a service disabled veteran?  
YES\_\_\_, NO\_\_\_,
- (6) Does your business hold any woman, minority, or veteran owned certification from either the Small Business Administration (“SBA”), the National Minority Supplier Development Council (“NMSDC”), or other issuing agency? YES\_\_\_, NO\_\_\_,
- (7) Does your business hold any other certification from either the SBA, or the NMSDC, or any other issuing agency? YES\_\_\_, NO\_\_\_,

If have answered YES to question # 6 or 7, please attach supporting documentation.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE