

**SUBCONTRACTOR APPLICATION**

**DSM Construction, LLC.**

**7916 Main Street**

**Middletown, VA 22645**

**Office:540-868-8714**

**HR@dsmconstruction.com**

This form must be completed in its entirety and signed by the company owner to be valid.

This form and all supporting documents may be returned through emailing or mail.

|  |  |
| --- | --- |
| **Company Information:** |  |
|   |   |
| **Full Business Name:** |  |
| **Mailing Address:** |   |
|   | Street |
|  |   |
|   | City ST Zip Code  |
| **Name/Company Title:** |   |
|  | First MI Last Title |
| **Contractor’s License Number:** |   |   |   |
| **Phone No.:** |  **Fax No:** |
| **Cell No.:** |  |
| **No. of Employees:** |   |
| **Type of Work or Product:** |   |
|   |   |   |   |

**Please complete and attach W-9 form:** [**https://www.irs.gov/pub/irs-pdf/fw9.pdf**](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

**Business Information**

1. **How many years has your company been in operation?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |   |   |   |

1. **Has your organization ever failed to complete a project? If yes please provide explanation.**

|  |  |  |  |
| --- | --- | --- | --- |
|   |   |   |   |
|   |   |   |   |

1. **Does your organization have any pending or outstanding judgments, claims, arbitration proceedings, or suits against it or its officers? If yes please provide detailed information.**

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| --- | --- | --- | --- |
|   |   |   |   |
|   |   |   |   |

1. **Please check any certifications that apply to your organization:**

[ ] Small Business

[ ] Disadvantage

[ ] Minority

 [ ]  Woman Owned

[ ] Disabled Vet Owned

[ ] None Apply

Please provide the following information regarding your SWaM Certification:

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SWaM Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Certified: \_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that my assist you in performing the work for which you are applying:

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| --- |
| **INSURANCE INFORMATION** |
|
| **Insurance Company:** |   |
| **Address:** |   |
|   | *Street* |
|   |   |
|   | *City ST Zip Code*  |
| **Agent:** |   |
|   | *First Last*  |
| **Phone No.:** |  **Fax No:** |
|  |   |   |   |
| **AUTHORIZATION** |
|
| The following person(s) are authorized representatives of the company and are permitted to sign for |
| and receive payment for services rendered. Identification [with photo] may be requested for verification. |
| **Full Name:** |   |
|   | *First MI Last*  |
| **Full Name:** |   |
|   | *First MI Last*  |
|   |   |   |   |
| **VERIFICATION** |
|
| I hereby affirm that the information above is true and accurate and that I have not misrepresented or |
| withheld any information. |   |   |   |
|   |   |   |   |
| ***Owner's Signature*** |   | ***Date*** |   |
| *Applicants are considered without regard to race, color, sex, age,* |
| *religion, national origin, disability, marital, or veteran status.* |