



**D. C. Ecker Construction**  
Subcontractor Registration Form

Please return this form via fax to 770-922-9546

1. Type of business:  Contractor  Vendor/Materials

2. What division of work does your company perform:

- |                                             |                                                |                                                  |
|---------------------------------------------|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> 01-General         | <input type="checkbox"/> 07-Thermal & Moisture | <input type="checkbox"/> 13-Special Construction |
| <input type="checkbox"/> 02-Site Work       | <input type="checkbox"/> 08-Doors & Windows    | <input type="checkbox"/> 14-Conveying Systems    |
| <input type="checkbox"/> 03-Concrete        | <input type="checkbox"/> 09-Finishes           | <input type="checkbox"/> 15-Mechanical           |
| <input type="checkbox"/> 04-Masonry         | <input type="checkbox"/> 10-Specialties        | <input type="checkbox"/> 16-Electrical           |
| <input type="checkbox"/> 05-Metals          | <input type="checkbox"/> 11-Equipment          | <input type="checkbox"/> 17-Voice & Data         |
| <input type="checkbox"/> 06-Wood & Plastics | <input type="checkbox"/> 12-Furnishings        |                                                  |

3. Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Street Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

4. Organization  Corporation  Partnership  Individual  Joint Venture

5. State Organized \_\_\_\_\_

Date \_\_\_\_\_

6. Federal Identification Number \_\_\_\_\_

7. Is your company bondable?  No  Yes

If yes: Bond Rate \_\_\_\_\_

Bonding Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

8. Can your company meet the insurance requirements stated on the requirements page of our website?  No  Yes

9. What percentage of work does your company self-perform? \_\_\_\_\_

10. What type of work represents the majority of the company's volume? (retail, industrial, commercial, etc) \_\_\_\_\_

11. What is your company's largest capacity for a single project? \_\_\_\_\_

12. Does your company have a drug free work policy?  No  Yes

13. Does your company have a written safety policy?  No  Yes

14. Name and title of officers, owners and/or partners in organization

Name	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15. List parent company name and address if subsidiary of another company  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Length of time in business under current name \_\_\_\_\_

17. Average number of employees

18. Method of operation  Union  Non-union

19. List states in which your organization is legally qualified to do business

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20. Estimating contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

21. Are you or any officers, stockholders, key members, or any related companies involved in any litigation or disputes, or any judgments pending or rendered?

No  Yes, please explain \_\_\_\_\_

22. Have you failed to complete any work awarded to you?

No  Yes, please explain \_\_\_\_\_

23. List five major construction projects completed in the last five years with approximately the same contract value:

Project Name \_\_\_\_\_ Location \_\_\_\_\_

Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_

Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_

GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_

Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

Project Name \_\_\_\_\_ Location \_\_\_\_\_

Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_

Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_

GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_

Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

Project Name \_\_\_\_\_ Location \_\_\_\_\_

Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_

Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_

GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_

Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

Project Name \_\_\_\_\_ Location \_\_\_\_\_  
Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_  
Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_  
GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_  
Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

Project Name \_\_\_\_\_ Location \_\_\_\_\_  
Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_  
Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_  
GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_  
Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

24. List up to three major construction projects currently in progress

Project Name \_\_\_\_\_ Location \_\_\_\_\_  
Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_  
Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_  
GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_  
Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

Project Name \_\_\_\_\_ Location \_\_\_\_\_  
Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_  
Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_  
GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_  
Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

Project Name \_\_\_\_\_ Location \_\_\_\_\_  
Contract Amt \_\_\_\_\_ Owner Name \_\_\_\_\_  
Architect Name \_\_\_\_\_ GC Name \_\_\_\_\_  
GC Contact \_\_\_\_\_ GC Phone \_\_\_\_\_  
Bid/Negotiated \_\_\_\_\_ Bonded  No  Yes

25. List five trade (credit) references:

Name	Contact	Phone	Fax
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

26. In the last five years has your company been cited by OSHA for a "serious" or "willful" violation?

No                       Yes, please explain \_\_\_\_\_

27. Is there any other information, references, and/or experience you feel is applicable?

28. Information furnished by

Name \_\_\_\_\_

Company \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_