

NEW HAVEN REGIONAL CONTRACTORS ALLIANCE
MEMBERSHIP APPLICATION
Please complete this form.

1. Firm Name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Title: _____
 Telephone: _____ Fax: _____ E-Mail: _____

2. Federal ID No or Social Security: _____ Year Established: _____ Principal Yrs. Exp: _____

3. WORK CATEGORIES (Enter Work Specialty)

Speciality: _____ Speciality: _____

4. Bonding Limits

- a. Surety: _____
- b. Single Contract Bonding Limit: \$ _____
- c. Largest Single Bond: \$ _____

5. Contract References (List contracts completed in last three (3) years)

YR	PROJECT NAME/ NUMBER	PRIME OR STUB	PROJECT OWNER/ AGENCY	TYPE OF WORK	AMT	CONTACT	PHONE

6. Gross Receipts Reported For Each Of The Last Three (3) years

Year: _____ \$ _____, Year _____ \$ _____, Year _____ \$ _____

7. Number of Personnel on Permanent Staff _____

8. Geographical Area of operation _____

9. UNION AFFILIATION (Check one) _____ UNION _____ Non Union Trade _____

10. Current Certification (check all that apply) _____ MBE _____ WBE _____ DBE _____ SBE

11. Ethnicity of Owners _____ Black _____ Hispanic _____ Caucasian _____ Asian _____ Native American

12. Gender of Principal Owner _____

13. US Citizen: YES ___ NO _____ Resident Alien YES _____ NO _____

14. Prepared By: _____ Signature _____ Date: _____