

REGISTERED MASTER BUILDER PROGRAM APPLICATION

A. ICR # _____	B. Local Association _____
C. Fee Received \$ _____	D. Check # _____
E. Renewal Application Deadline _____	F. Proof of Worker's Comp. Ins. _____
G. Proof of General Liability Ins. _____	H. Sponsor Sheet _____ I. Reference Sheets _____

Please attach applicable sponsor sheet and reference sheets and check division applying for:

- Builder Developer

Applicant	SS#	Date of Birth	
Physical Address		City	ZIP
Firm/Company Name			
Mailing Address	City	ZIP	Ph

If this is an **initial Application**, please answer all questions and submit the initial Application fee, Sponsor Sheet, Reference Sheets, proof of Workers Compensation Insurance and proof of General Liability Insurance. If this is a **renewal Application and you have not changed companies**, please answer questions 13 through 17 and submit the renewal Application fee, Reference Sheets, proof of Workers Compensation Insurance and proof of General Liability Insurance. If this is a **renewal Application and you have changed companies**, please answer all questions and submit the renewal Application fee, Reference Sheets, proof of Workers Compensation Insurance and proof of General Liability Insurance.

1. Type of Business Organization:

- Corporation Partnership Sole Proprietorship LLC
 Joint Venture Other

2. List all principals or corporation officials:

Name/position _____
 Name/position _____
 Name/position _____
 Name/position _____

3. Name(s) under which you build: _____

4. How long have you been in the construction business under your own name? ___years.

5. How long have you been in the building industry? _____years.

Duties and responsibilities during this period: _____

6. If in building business less than two years, state previous business experience: _____

7. List present or past trade background (i.e., carpentry, plumbing, etc.): _____

8. Does your major income come from building and/or development activities? Yes No

9. Do you work in any other type of business? Yes No

If yes, state nature of business _____

10. Organizations to which you belong: _____

11. Community activities: _____

12. Business activities (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Plan and design work | <input type="checkbox"/> On site supervision | <input type="checkbox"/> Subcontracting |
| <input type="checkbox"/> Developing | <input type="checkbox"/> Materials Purchase | <input type="checkbox"/> Contracting Subs |
| <input type="checkbox"/> Financing | <input type="checkbox"/> Pay Accounts | <input type="checkbox"/> Close loan |
| <input type="checkbox"/> Obtain construction/permanent financing | | |

13. Ever been suspended from FHA or VA? Yes No

If yes, briefly explain _____

14. Ever been a party to any lawsuit, judgment or bankruptcy in last 5 years? Yes No

If yes, briefly explain _____

15. Ever had your advertising questioned by the Better Business Bureau, newspapers or other authority? Yes No

If yes, briefly explain _____

16. Have you had any unresolved consumer complaints during your entire membership in the Registered Master Builder Program? Yes No

If yes, briefly explain: _____

17. Has any subcontractor filed a lien against you in the last year? Yes No

If yes, briefly explain: _____

By signing this Application I authorize the Registered Master Builder Program Board of Directors to investigate my credit history and rating and contact any references listed herein for the purpose of membership. I have also read and agree to comply with any and all of the eligibility requirements, policies, procedures and code of ethics of the Registered Master Builder Program.

Applicant's signature	Date:
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SPONSOR SHEET

Name		Company Name	
Address	City	State	ZIP
Cell Phone		Work Phone	

Name		Company Name	
Address	City	State	ZIP
Cell Phone		Work Phone	

Sponsor's signature	Date:
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Sponsor's signature	Date:
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REFERENCE SHEETS

Applicant:	Building Profile
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1. Number of projects built in last three years: ____; in last 12 months ____.

2. Consumer references of last six projects (do not duplicate from last application):

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Applicant:	Business References
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Please supply names and addresses of at least six suppliers, subcontractors, laborers or companies

who are familiar with your work and how you conduct your business. If any section does not apply to your business mark N/A.

1. Businesses you've traded with for more than six months:

Lumber		# of years	Phone
Address	City	State	ZIP

Lumber		# of years	Phone
Address	City	State	ZIP

Concrete		# of years	Phone
Address	City	State	ZIP

Concrete		# of years	Phone
Address	City	State	ZIP

Materials		# of years	Phone
Address	City	State	ZIP

Materials		# of years	Phone
Address	City	State	ZIP

Other		# of years	Phone
Address	City	State	ZIP

Other		# of years	Phone
Address	City	State	ZIP

2.Subcontractors you've used for more than six months:

Heating		# of years	Phone
Address	City	State	ZIP

Plumbing		# of years	Phone
Address	City	State	ZIP

Electrical		# of years	Phone
Address	City	State	ZIP

Concrete		# of years	Phone
Address	City	State	ZIP

Masonry		# of years	Phone
Address	City	State	ZIP

Drywall		# of years	Phone
Address	City	State	ZIP

Other		# of years	Phone
Address	City	State	ZIP

Other		# of years	Phone
Address	City	State	ZIP

3.Architects you've used for more than six months:

Name			Phone
Address	City	State	ZIP

Name			Phone
Address	City	State	ZIP

Name			Phone
Address	City	State	ZIP

4. Engineers you've used for more than six months:

Name			Phone
Address	City	State	ZIP

Name			Phone
Address	City	State	ZIP

Name			Phone
Address	City	State	ZIP

5. Building officials you've worked with for more than six months:

City/County Bldg Dept			Phone
Address	City	State	ZIP
Contact			

City/County Bldg Dept			Phone
Address	City	State	ZIP
Contact			

City/County Bldg Dept			Phone
Address	City	State	ZIP
Contact			