



APPROVED APPLICATOR QUALIFICATION FORM

BUSINESS ASPECTS

1. Legal Name of organization/individual: _____
2. Name under which business is conducted (if different from above): _____

3. Address: _____

4. Phone: _____ Fax: _____
5. Corporation: _____ Partnership: _____ Individually owned: _____ Other (specify): _____
6. How many years has your organization been involved in contracting? _____
7. Contractor License Number _____ Classifications _____
8. Owner, partner, or key officers:
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
9. List the category of work your organization normally performs with its own crews:

10. Market Coverage – List primary geographical territory in which your organization operates:

11. Location of sales offices: _____
12. Identify your carrier for Comprehensive General Liability (CGL) insurance coverage.
A current copy of the Certificate of Insurance must be attached with GCMC as a named additional insured and must hold a minimum of 1 million dollars of CGL insurance coverage.
Insurance Carrier: _____ Policy Number: _____

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TECHNICAL ASPECTS

1. Number of coating/waterproofing crews your organization typically employs: _____
2. Number of coating rigs your organization owns and operates: _____
3. Please list the key applicators in your organization and their experience:
Name: _____ Experience: _____
Name: _____ Experience: _____
Name: _____ Experience: _____
4. List the major coating/waterproofing projects your organization has completed in the last five years. Please include the project name and the approximate size. _____

Please provide letters of reference.

5. List the approximate number and size of coating/waterproofing projects to be completed over the next 12 months: _____
6. List other coatings your organization currently applies: _____
7. List the types of advertising and promotional methods your organization utilizes to generate sales: _____
8. Is your organization bondable? _____ For what amount? _____

Please provide proof of bonding capacity, minimum of 1 million dollars required.

Thank you for taking the time to complete this form. Please sign and return to:

General Coatings Manufacturing Corp.

1220 E. North Ave.

Fresno, CA 93725

Owner or authorized officer of the company:

Signature: _____ Printed Name: _____

Title: _____ Date: _____

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