

# Subcontractor Registration Form



**E.T. Technologies, Inc.**

Colorado: 303.680.9414 Utah: 801.977.0731

ettechusa.com

Date: \_\_\_\_\_

<b>Subcontractor/Company Information (Name):</b>				
Telephone Number: _____		Alternate Phone Number: _____		
Street: _____				
City: _____		Website: _____		
State: _____		Postal Code/ZIP: _____		
Do you have other work locations that would service E.T.? If so, where?				
Person Completing this Form (Name:)				
Phone No: _____		Email: _____		
Contact for Insurance Information (Name):				
Phone No: _____		Email: _____		
<b>Current Insurance Information</b>				
Does your company carry the following insurance?	Yes	No	Aggregate Limit (\$)	Expiration Date
General Liability				
Automobile Liability				
Worker's Compensation				
<b>Who is the company contact for the following</b>				
<b>Department</b>	<b>Name</b>	<b>Phone Number</b>	<b>Email</b>	
Billing/Accounting				
Proposals				
Project Scheduling				
Health and Safety				
What service(s) does your company provide?				
How many years has your company been performing this work?				
<b>Questions</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	
Do you maintain competency records for all personnel (professional license, training certificate, resume, certification card, etc.)?				
Do you have a current license or certification to perform your work?				
Does your company have a written Health and Safety Program?				
Has the company had any incidents within the last 5 years?				
Describe/explain any incidents:				
Please respond with this form and the following documents to our portal at <a href="mailto:submit@ettechusa.com">submit@ettechusa.com</a>				
<b>+ Documents to submit (add any comments to the right of listed forms)</b>				
	Insurance certificate showing E.T. Technologies, Inc., as additional insured.			
	Signed Subcontractor Agreement			
	Current W9 Form			
	EMR letter (for last 3 years)			
	OSHA 300/300a Logs (for last 3 years, if applicable)			
	Corporate Health and Safety Plan (if applicable)			