



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)
 Specialty: _____ Specialty: _____
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

Year	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: _____