CDR Facility Solutions LLC
1832 Darden Street, Chesapeake, VA 23322
Phone: (757) 447-4220 | Email: info@cdrfacilities.com

SUBCONTRACTOR REGISTRATION FORM

This form is required for all subcontractors applying to join the CDR Facilities nationwide network. Please complete all fields and attach supporting documentation such as licenses, certifications, and references.

Company Name:	
Primary Contact Name:	
Title/Position:	
Phone Number:	
Email Address:	
Business Address:	
City, State, ZIP:	
Website (if applicable):	
Years in Business:	
Trade/Service Specialty:	
License Number(s):	
Insurance Provider:	
Policy Number:	
Coverage Amount:	
Workers' Compensation Insurance (Y/N):	
Number of Employees:	
Geographic Service Areas:	
Primary Equipment Available:	
Certifications (IICRC, OSHA, etc.):	
References (Name / Company / Contact):	

Signature: _____ **Date:** _____

Submit this completed form and required documents to info@cdrfacilities.com.
All subcontractors are subject to verification of licensing, insurance, and performance history.