

**Waccamaw Siouan Tribe. Inc.**  
**7239 Old Lake Road - P.O. Box 69**  
**Bolton, North Carolina 28423**

**CONTRACTOR'S/INSPECTOR APPLICATION FORM**

THIS APPLICATION MUST BE FILLED OUT COMPLETELY. FAILURE TO DO SO WILL DELAY ACCEPTANCE TO OUR PROJECT.

COMPANY NAME: \_\_\_\_\_ FED ID#: \_\_\_\_\_

PRINCIPAL INDIVIDUAL: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE #: BUSINESS \_\_\_\_\_ HOME \_\_\_\_\_

FAS: \_\_\_\_\_ CELLULAR \_\_\_\_\_

BANK PREFERENCE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE#: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS INSURANCE COVERAGE:

GENERAL LIABILITY: \_\_\_\_\_ YES \_\_\_\_\_ NO      COMPANY: \_\_\_\_\_

WORKMAN'S COMP: \_\_\_\_\_ YES \_\_\_\_\_ NO      COMPANY: \_\_\_\_\_

LIST 3 REFERENCES: (PREVIOUS CONTRACTS, MATERIAL SUPPLIERS, ETC.)

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

ARE YOU WILL TO PARTICIPATE IN?:

- RENOVATION \_\_\_\_\_
- NEW CONSTRUCTION \_\_\_\_\_
- LANDSCAPING/CLEARING \_\_\_\_\_

FOR STASTICAL PURPOSES ONLY, PLEASE STATE YOUR NATIONALITY: \_\_\_\_\_

ALL CONTRACTORS MUST COMPLY WITH STATE AND LOCAL CODES/ORDINANCES

TYPE OF BUSINESS (CHECK ALL APPLICABLE CATEGORIES)

- GENERAL CONTRACTOR \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- ELECTRICAN \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- PLUMBER \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- HVAC \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- DRY WALL \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- CARPENTER \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- ROOFER \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- MASON \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- SIDING \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- FLOOR ING \_\_\_\_\_ LICENSE# \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_
- OTHER \_\_\_\_\_ (Specify) \_\_\_\_\_ YEARS OF EXPERIENCE \_\_\_\_\_

I certify that all information in this application is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE AND TITLE

DATE: \_\_\_\_\_