



Accredited Quality Contractor 2016 Recertification Form

Company Name:

Instructions to Recertify

Thank you for your continued participation in the AQC program.

All 2016 recertifying AQC members must meet the following core criteria:

- Received a minimum of **two quality-based honors** within the past five years.
- **Demonstrates financial stability**, per the company's financial institution of choice.
- **Bonded adequately** for the scope of service provided.
- Maintains a company **Quality Control Program**.
- Has an Incident Rate at, or below, the industry average (**achieved STEP Gold or above**). Companies with fewer than 100 employees may use a three-year average.
- Maintains a **written substance abuse program** that includes a drug/alcohol screening process.
- Publicly pledge a commitment to a **drug- and alcohol-free workplace**.
- Conducts **jobsite hazard analyses** before work commences.
- Conducts a **new employee safety orientation**.
- Provide and require continuing **craft training** for all craft professionals (for companies that self-perform only).
- Regularly participates and/or encourages employees to participate in civic-oriented and **community activities**.
- Maintain an **Equal Employee Opportunity** policy.
- Provide and require continuing **management training**.

This form must be completed in full and returned to ABC National in order to be considered for recertification. Responses are required for ALL questions. If the original application is altered in any way it will not be accepted. If you are unable to meet any of the core requirements, you will not be eligible for recertification. If your answers require additional space, or require attachments, be sure to clearly label the attached pages, indicating which section of the application they supplement (i.e. Section 1.2). All responses will be held in strict confidence.

This recertification form is available as a fillable PDF at www.abc.org/AQC. You may also email the completed form to AQC@abc.org. Please send the payment noted on your invoice separately to: Ann Webster/Associated Builders and Contractors: 440 First St., NW, Suite 200, Washington, DC 20001. Be sure to note the invoice number on the check.

If you have any questions regarding this application, call the ABC National office at (202) 595-1378 or email AQC@abc.org.

2016 AQC Recertification Form

Company Name:

Contact Name: _____

Contact Title: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Website: _____

Email: _____

Type of contractor:

General

Prime

Subcontractor

Specialty (specify type): _____

Annual Volume: \$ _____ Primary ABC Chapter Membership: _____

Annual Man-hours Worked: _____ Total Number of Employees: _____

List other ABC chapters your company is currently a member of and would like to be listed as an AQC member. There is a \$75 fee for each additional branch office listing. If you would like to add more than four branches, attach a list on a separate sheet.

Chapter and STEP Level: _____

Company Office Address: _____

Company Office Contact: _____

Chapter and STEP Level: _____

Company Office Address: _____

Company Office Contact: _____

Chapter and STEP Level: _____

Company Office Address: _____

Company Office Contact: _____

Chapter and STEP Level: _____

Company Office Address: _____

Company Office Contact: _____

1. Quality

Core Requirements:

- 1.1** I have listed and described below two or more forms of quality-based recognition that my company has received within the past five years. This may include project-based awards earned (i.e. Excellence in Construction awards from ABC National or a chapter, or similar awards from other organizations), recognition by a quality-certified entity, and/or an owner letter of praise or recommendation. The scope of any letters included must be quality-based.

**Please note that this requirement is related to recognition received specifically for a project. It does not include safety or other awards.*

If including project-specific awards received, include the following information for each award:

1. Organization granting the award (if applicable, indicate chapter vs. national organization)
2. Year award was received
3. Name of the project

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- 1.2** I have attached a letter from my company's bank or financial institution on their letterhead, dated within the past six months, stating: 1) the length of the financial relationship; and 2) the strength of my company's financial standing.

**Please note - no confidential financial information is required. Your company's name must be stated at the top of the letter.*

- 1.3** I have attached a letter from my company's bonding company on their official letterhead, dated within the past six months, stating that our bonding capacity is adequate for the scope of service provided.

-OR-

My company is not bonded; therefore, I have attached a letter signed by our CPA on their official letter head that includes the following information:

- a) Our current Ratio (Current Assets divided by Current Liabilities)
- b) Our debt to Equity Ratio (Total Liabilities divided by Net Worth)
- c) Our ratio of Working Capital divided by Backlog
- d) Our Ratio of Net Worth divided by Backlog
- e) Your Current D&B Rating
- f) Your Current Paydex Score
- g) Your Financial Risk Ratings

- 1.4** My company has a Quality Control Manual/Program and I have attached the table of contents with this application.

2. Safety

Core Requirements:

2.1 I confirm my company's STEP designation in the most recent program year was:

- Diamond
- Platinum
- Gold
- Silver (see below for further instructions; certification is not guaranteed)

***If your company received **STEP Silver** for the most recent program year, you must contact the ABC National office at AQC@abc.org. Use the text box below to explain why your company received the Silver designation and explain what you are doing to improve your safety performance. If you are STEP Gold or above you may continue to question 2.2*

STEP SILVER: Explanation must include, but is not limited to:

1. Number of employees in your company
2. Man hours worked for STEP program year
3. List and briefly explain reasoning for incidents that your company had during the program year
4. Attach your OSHA 300 form as a supplemental document; however, you must remove all personal information regarding your employees first.
5. Provide details as to what your company is doing to improve its STEP designation.

**STEP certification is required annually for AQC participation. Please be sure your company completes this process for the program year. Information may be found at abc.org/STEP.*

- 2.2 My company has a written substance abuse program that includes a drug/alcohol screening policy.
- 2.3 My company has signed the Construction Coalition for a Drug-And Alcohol-Free Workplace's pledge at drugfreeconstruction.org.
- 2.4 My company performs job-site hazard analyses before work commences.
- 2.5 My company conducts a new employee safety orientation and I have attached a copy of the agenda, including length of time per topic.

3. Craft Training

Core Requirements:

3.1 My company self-performs and I have attached copies of one, or a combination, of the following: curriculum, training schedule, curriculum assessments, and examples of training announcements or notices. Do not include information regarding OSHA, first aid or CPR.

-OR-

My company does not self-perform or employ craft professionals at any time.

4. Community Relations

Core Requirements:

- 4.1 In the past five years, my company has participated in, or encouraged, its employees to partake in, civic-oriented and/or community activities, and/or construction activities that positively affect the community and I have provided examples of activities during the program year in the box below. (I.e. toy drives, athletic team sponsorships, United Way, Habitat for Humanity, charitable fix-up efforts and/or building, school projects, ACE Mentor Program, etc.)

**If you are recertifying for multiple ABC chapters, please include examples from each office location.*

- 4.2 I have attached a copy of my company's Equal Employment Opportunity policy.

- 4.3 During the program year, my company has _____ its commitment to employee benefits.

If I have indicated a **decrease or an **enhancement**, I have provided details in the box below.*

- Decreased
- Maintained
- Enhanced

5. Management Training

- 5.1 During the program year, my company has _____ its commitment to management training.

If I have indicated a **decrease or an **enhancement**, I have provided details in the box below.*

- Decreased
- Maintained
- Enhanced

6. Recommendation(s) for the AQC Program

6.1 Please provide us with information on companies you would recommend for the AQC program.

7. Payment

7.1 I have mailed a check to ABC National in the amount of \$____. This includes \$195 for the primary location and ____ for the branch locations (\$75 per branch).

Make your check payable to ABC National and mail, along with your invoice number, to:
Associated Builders and Contractors
ATTN: Ann Webster
440 First St. NW, Suite 200
Washington, D.C. 20001

- *I verify the information provided in this application is accurate.*
- *I understand that Associated Builders and Contractors is authorized to request additional information to assist its efforts in authenticating this application.*
- *I understand that ABC reserves the right to audit this application.*
- *I understand ABC National will contact the local ABC chapter in order to ascertain information about my company, our AQC eligibility and our ABC membership.*
- *I understand ABC National has ownership of the materials provided and has the permission of this company to refer its name to construction buyers and other construction users.*

Company name: _____

Person completing the form: _____

(This is the person who will be contacted by ABC with any questions and will be provided recertification materials)

Email address of person completing form: _____

Phone number of person completing form: _____

Print Name & Title of Company Principal: _____

Signature of Company Principal: _____

Date: _____