



# **Accredited Quality Contractor 2015 Recertification Form**

# **Instructions to Recertify**

Thank you for your continued participation in the AQC program.

All 2015 recertifying AQC members must meet the following core criteria:

- Received a minimum of **two quality-based awards** within the past seven 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**. Companies with fewer than 100 employees may use a three-year average.
- Conducts **job-site hazard analyses** before work commences.
- Conducts a **new employee safety orientation**.
- Maintains a **written substance abuse program** that includes a drug/alcohol screening process.
- Maintains a **formalized craft training structure** (for companies that self-perform only).
- Regularly participates and/or encourages employees to participate in civic-oriented and community activities.

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 <u>not</u> be eligible for recertification. If your answers require additional space, or require attachments, please 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 <a href="www.abc.org/AQC">www.abc.org/AQC</a>. You may also email the completed form to <a href="AQC@abc.org">AQC@abc.org</a>. Please send the payment noted on your invoice separately to: Heather Trude/Associated Builders and Contractors: 440 First St., NW, Suite 200, Washington, DC 20001. Please be sure to note the invoice number on the check.

If you have any questions regarding this application, please call the ABC national office at (202) 595-1505 or email <u>AOC@abc.org</u>.

# **2015 AQC Recertification Form**

Company Name:		
1. Quali	ty	
Core Requi	irements:	
1.1	I have listed and described below two or more awards that my company has received within the past seven years (i.e. Excellence in Construction awards from ABC (national or chapter), and/or awards from other organizations demonstrating involvement with exceptional projects.)  *Please note that this requirement is related to awards received specifically for a project. It does not include safety or other awards.	
	<ul> <li>Include the following information for each award:</li> <li>Organization granting the award (if applicable, indicate chapter vs. national organization)</li> <li>Year award was received</li> <li>Name of the project</li> </ul>	

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.

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.

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
- 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 for 2014 was:
  - Diamond
  - Platinum
  - Gold
  - Silver (must complete below)

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

- 1. Number of employees in your company
- 2. Man hours worked for 2014
- 3. List and briefly explain reasoning for incidents that your company had in 2014
- 4. You may attach your OSHA 300 form as a supplemental document; however, you must <u>remove all</u> <u>personal information</u> regarding your employees first.

- **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 <a href="https://www.drugfreeconstruction.org">www.drugfreeconstruction.org</a>.

<sup>\*\*</sup>If your company received **STEP Silver** for 2014, please see below and use the box below to explain why. If you are STEP Gold or above you may continue to question 2.2

<sup>\*</sup> STEP certification is required annually for AQC participation. Please be sure your company completes this process in 2015. Information may be found at <a href="https://www.abc.org/STEP"><u>www.abc.org/STEP</u></a>.

- 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:**

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

My company does not self-perform.

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civic-oriented and/or community activities, and/or construction activities that positively affect to community and I have provided examples of activities during 2014 in the box below. (I.e. toy dri 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  My company has a policy statement on diversity and I have attached a copy our diversity statem  In 2014, my company has its commitment to employee benefits. *If I have indicated decrease or an enhancement, I have provided details in the box below.  • Decreased  • Maintained	ore Req . <b>1</b>	uirements:
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Maintained	3	In 2014, my company has its commitment to employee benefits. *If I have indicated a
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<ul> <li>Enhanced</li> </ul>		• Decreased
	Γ	• Decreased
		<ul><li>Decreased</li><li>Maintained</li></ul>

4.4	In 2014, 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
5. Reco	mmendation(s)
5.1	Please provide us with information on any companies you would recommend for the AQC program.
6. Payn	nent
6.1	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).
	<u>Please write checks out to ABC National and mail, along with your invoice number, to:</u> Associated Builders and Contractors
	ATTN: Heather Trude
	440 First St. NW, Suite 200 Washington, D.C. 20001

- I verify the information provided on this form 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 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 documents)
Email address of person completing form:
Phone number of person completing form:
Print Name & Title of Company Principal:
Signature of Company Principal:
Date: