



**Associated Builders
and Contractors, Inc.**

This area to be completed by company applying for AQC before forwarding:

AQC Applicant Company Name: _____

Street Address: _____

City/State/Zip: _____

Primary Contact: _____

Phone: _____ E-mail: _____

**440 First St., NW, Suite 200
Washington, D.C. 20001
(202) 595-1505**

E-mail: AQC@abc.org

The company named in the box above is applying for ABC's Accredited Quality Contractor program, and is requesting you complete the form below to serve as a reference to ABC. Please answer the questions, and return via e-mail from your business e-mail address or mail in an envelope printed with your company's return address to the ABC address above. Please do NOT return the form to the company applying for the program. Your responses will be held in strict confidence. For more information about the AQC program, visit www.abc.org/AQC.

1. Are you related or affiliated to the owners of the company or any of its employees? Yes No
If yes, please STOP. You are not eligible to complete this form. Please contact the applicant.

2. Please indicate your role in the relationship with the company.
Client /Owner General Contractor Subcontractor Architect Other _____

3. How long has the company been performing work for you or your organization? _____

4. List the type of work the applicant has completed for you. Please note we request specific project information below.

5. List up to five Projects this company has completed with you as the client within the past three years. Please be specific in providing the following information: the name of the project(s), contract amount, square footage (if applicable), date of the project, etc.
 - a.
 - b.
 - c.
 - d.
 - e.

6. Has this company ever failed to complete a project or job that you are aware of? If yes, please explain.
Yes No

7. Has this company ever failed to pay for materials, employees or subs that you are aware of? If yes, please explain.
Yes No

8. In your own words, describe this company's overall performance and ability to meet the customer's needs.

9. Would you hire this company again? Yes No

10. Please rate your opinion of the company's work performed, based on a sliding scale, with 1 being poor, and 10 being excellent. Please indicate n/a if the question is not applicable.

- a. Schedule difficulty & outcome
- b. Communication & teamwork
- c. Change orders
- d. Problem solving
- e. Punchlist timeliness & attention to detail
- f. Overall performance

11. Please provide any additional comments you feel will assist in the application process.

Completed by:

Name: _____ Title: _____

Company: _____ Date: _____

Phone Number: _____ Email: _____

Signature: _____