



762 W. Lancaster Ave.
Bryn Mawr, PA 19010

P: 800.338.9271
F: 610.527.392

Contractor Application

Note: Completing this assessment does not guarantee acceptance onto the Aqua Resources Contractor Network.

Date: _____

Company Name: _____

Office/Shop Address: _____

Billing Address: _____

Payment Address: _____

(If different from Billing)

Proprietor: _____

Service Request Contact: _____

Date Incorporated: _____

Backflow Revenue Last Year:

Less than \$50K [] \$50K - \$100K [] \$100K - \$250K [] \$250K - \$500K [] Over \$500K []

Company Total Gross Revenue Last Year:

Less than \$50K [] \$50K - \$100K [] \$100K - \$250K [] \$250K - \$500K [] Over \$500K []

Insurance requirements

Comprehensive General Liability Minimum \$2,000,000 Currently Meet Yes [] No []

Commercial Automobile Liability Minimum \$1,000,000 Currently Meet Yes [] No []

Worker's Compensation Insurance as required by your state Yes [] Exempt []

Business doesn't currently meet the insurance minimums but willing to modify Yes [] N/A [] No []

Insurance Company Name: _____

Policy Number: _____ Renewal Date: _____

Contact Information

Office Number: () _____ - _____

Fax Number (for Work Orders) () _____ - _____

Emergency/After Hours Number: () _____ - _____

Cell Phone 1 (rings to _____) () _____ - _____

Cell Phone 2 (rings to _____) () _____ - _____

Email Addresses: _____

Website (if applicable) _____

Repair Services Provided (please check all that apply)

Job Description	
Backflow Device Testing	
Backflow Device Installation	
Backflow Device Repairs	

List all licenses (number and expiration date):

D.O.T. 'operator qualified' & participate in a D.O.T. approved Drug and Alcohol Misuse Program Yes [] No []

Office Hours: _____ Mon. – Fri. Normal Service Hours: _____ Mon. – Fri.

Weekend Hours: _____ Sat. _____ Sun. Do you provide 24/7 Service? Yes [] No []

Number of service trucks _____

Distance from office/shop address you will go to perform service (miles): 20 [] 30 [] 40 [] 50 [] 60 []

Counties / States Served by your company: _____

Company/Employee Information

Questions	Comments
Are company vehicles labeled and in good condition?	
Are the company vehicles stocked, organized, and suitable for backflow work?	
Are non-company owned vehicles used? If yes, are they insured?	
Do all technicians carry/use ID company ID badges?	
Do all technicians wear company uniforms?	
What special equipment (if any) is carried on the service vehicles?	
What training has the technicians received in the use of this equipment?	
How do you ensure your technicians are competent in the trade and how is this assessed?	
Are training records for technicians kept?	
Are certifications and qualifications for technicians kept on Record? If not, have they been viewed by the company?	
How many employees does the company have?	Office: _____ Field: _____
Are all technicians directly employed?	
If no, how many are direct employees and how many are subcontracted?	
How does the company assess the competency of those directly employed?	
Are all your employees drug tested with the results on file?	

Do you currently perform criminal background checks and are the records on file?	
How does the company ensure that all employees are allowed to work in the United States?	
What type of shift patterns do you use to ensure maximum coverage?	
Do you use an answering service for after hour's calls? If yes, how do you ensure the jobs get deployed when using an answering service?	
Do you provide any of your clients with 24/7 service? If yes, what kind of services do you provide?	
Detail Two (2) customer references	1.
	2.

Health and Safety

Questions	Comments
Does the company have a health and safety program? If yes, is there a health and safety manual that details your program?	
What documents on working practices are regularly viewed? (Policy and procedures that protect technicians, customer, public when performing duties)	
How does the company monitor Health and Safety?	
How does the company ensure are working according to safety regulations?	
How does the company assess the Health and Safety competency of those not directly employed?	
Is there a designated Health and Safety representative in the company? If yes, please provide details.	

Contractor Acknowledgement: I confirm that, to the best of my knowledge, the details contained within this form are correct and that the Company named will comply with current Safety and Health standards, as issued by OHSA under the 1970 OSHA Act, when undertaking any work for Aqua Resources or any of its clients.

Signature

Contractor Representative: _____

Position: _____ Date: _____

Please fax this application to:

Attn: Kevin Turcotte

Fax #610.527.3929

Or Mail to:

**Kevin Turcotte
Aqua Resources, Inc.
762 W. Lancaster Ave.
Bryn Mawr, PA 19010**

This Page is for Internal Use Only

Aqua Resources Acknowledgement: I have reviewed this application. The following action(s) is required:

Not needed at this time. Send letter of explanation and file application.

Arrange on site assessment.

Aqua Resources, Inc. Representative: _____

Position: _____

Date: _____

Onsite Assessment

Onsite Assessment Date: ____/____/____

Onsite Assessor _____ Assessor Position: _____

Assessment Passed? Yes No

Note: Passing the assessment does not guarantee acceptance onto the Aqua Resources Contractor Network.