

Contractor Registration and Classification System

Application Form

Instructions

1. The registration form will only be completed with the submission of the following documents:
 - a. Completed application form.
 - b. Valid Copy of Trade License (For Current Year).
 - c. Copy of Good Standing Certificate – Inland Revenue Department
 - d. Copy of Good Standing Certificate – Social Security Board
 - e. Copy of Good Standing Certificate – Registrar of Corporate Affairs (only applicable to incorporated businesses).
 - f. Project Portfolio of current and completed projects for the past five (5) years. If the business has been in operation for less than five (5) years, please provide portfolio information for the life of the business.
 - g. CVs (Curriculum Vitae) for all professional, technical and supervisory staff (the definition of the type of staffing is provided at the applicable section).
 - h. Audited financial statements spanning the past three (3) years as pertains to the business. If the business has been in existence for less than three (3) years, please provide audited financial statement for the life of the business.

*Applicants that seek to change/amend their registration information should only submit the above documentation that has expired and/or has been updated at the time of their submission in conjunction with their completed application form.
2. All application forms must be fully completed.
3. Complete all application forms with a Black or Blue Ink Pen.
4. Application Forms can also be completed electronically printed and signed.
5. All handwritten application forms must be legibly scripted.
6. A General Contractor for works is allowed to perform more than one construction trade (i.e. electrical, plumbing, mechanical works, etc.). A Speciality Contractor for works is only allowed to perform their identified speciality construction trade. For Speciality Contractor for works, your trade license must match the speciality trade chosen.

CONTRACTOR REGISTRATION FORM

1 Application Type (Please tick one of the following):

New Registration Renewal Change/Amendment

2 Trade License No. (If more than one trade license please fill out a registration form for each license)

3 Business Entity (Please tick one of the following):

Sole Proprietor Partnership Corporation LLC/Ltd. LLP

4 Type of Contractor (Please choose one of the following, i.e. Works, Goods or Services):

4a. Works (Please tick one of the following Contractor types):

General Contractor Specialist Contractor

A specialist contractor can only perform one trade. If you have selected Specialist Contractor, please refer to the end of application for a list of specialist trades and specify online below or if trade not listed please print on the line below:

4b. Goods/Supplier Contractor

Please provide in general terms the goods supplied on the line below:

4d. Services Contractor

Please provide in general terms the services supplied on the line below:

GENERAL BUSINESS INFORMATION

5a.	Business Name (doing business as - dba):		
5b.	Parent Company Name (if applicable):		
6.	Business Address:		District # (BVI)
7.	Business Mailing Address:		
8.	Business Telephone:	Cellular Number:	Fax Number:
8b.	Business Email Address:		
9.	Years of Experience:		

COMPANY/ORGANISATION INFORMATION

10	If Sole Proprietor/Partnership, please list owner(s)/partners(s):	
a	Full Name (First Middle Last):	Address:
		Cellular No.:
b	Full Name (First Middle Last):	Address:
		Cellular No.:
c	Full Name (First Middle Last):	Address:
		Cellular No.:
11	If Company, please list directors/managers:	
	Name	Position

PROJECT PORTFOLIO - Works

Please complete the following tables with information pertaining to both current and completed project(s) that was undertaken by your business over the past ten (5) years. The tables below can be used as a template with information being provided on separate documents to be attached with application.

Current/Ongoing Project(s)	
Project Name	
Commencement Date	
Expected Completion Date	
Percentage Complete	
Location of Project	
Owner/Client	
Client Phone Number	
Project Budget	
Type of Project Works Executed (Residential, Commercial, etc.)	
Works Executed as (Main Contractor, Subcontractor, etc.)	
If Subcontractor, provide name of Main Contractor.	
Completed Project(s)	
Project Name	
Commencement Date	
Completion Date	
Location of Project	
Owner/Client	
Client Phone Number	

Project Budget	
Type of Project Works Executed (Residential, Commercial, etc.)	
Works Executed as (Main Contractor, Subcontractor, etc.)	
If Subcontractor, provide name of Main Contractor.	

PROJECT PORTFOLIO – Services

Please fill out the following table by providing details on the ten (10) most significant as rated by dollar amounts of services performed over the past five (5) years:

No.	Service Performed	Amount Estimate	Client	Date Completed
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROJECT PORTFOLIO – Good Supplied

Please fill out the following table by providing details on the ten (10) most significant as rated by dollar amounts on orders supplied over the past five (5) years:

No.	Order Type	Amount Estimate	Client/Receiver	Year Order Filled
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				