



INDEPENDENT ROOFING CONTRACTORS OF CALIFORNIA, INC.

1408 West Main St. - Suite D - Ripon, CA 95366

VOTING MEMBER APPLICATION

\$500 Annual Dues

"A Commitment to Excellence, Competition, and Training"

Please type or print clearly:

(1) Name of Firm: _____

(2) Contract License Number: _____

(3) Type of License: _____ Years in business: _____
Other Licenses: _____

(4) Address: _____ City _____ State _____ Zip: _____
(5) Phone: _____ (6) Fax Number: _____ EMAIL _____ Website: _____

(7) Other Branches: _____

(8) Names of Principals: _____, _____, _____

(9) Workers Comp Carrier Name: _____
(Certificate of Insurance must be attached to application)

Please list Mod Rate: _____ (12) _____ (13) _____ (14)

(10) General Liability Carrier Name: _____

Policy Limits: _____ (Please Attach evidence of G/L)

(11) Is your firm currently signatory to a bargaining agreement? Yes No
(12) Is your firm currently approved through DAS+ to train Apprentices? Yes No

If you are approved to train, in which training program (jurisdiction) are your apprentices enrolled? _____

(13) Number of employees currently employed as roofers:..... _____

(14) Number of employees currently employed as journeymen:..... _____

(15) Does your firm have a written safety program? Yes No

(16) Are regular safety meetings held? Yes No

(17) To what other professional organizations does your firm belong?..... _____

I hereby certify that the above supplied information is current and accurate to the best of my knowledge:

Your signature

Print your name here

Date