



### APPROVED APPLICATOR QUALIFICATION FORM

#### BUSINESS ASPECTS

1. Legal Name of organization: \_\_\_\_\_

2. Name under which business is conducted (if different from above): \_\_\_\_\_  
\_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individually owned: \_\_\_\_\_ Other (specify): \_\_\_\_\_

6. How many years has your organization been involved in contracting? \_\_\_\_\_

7. Owner, partner, or key officers:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Title: \_\_\_\_\_

8. List the category of work your organization normally performs with its own crews:  
\_\_\_\_\_

9. Market Coverage—List primary geographical territory in which your organization operates:  
\_\_\_\_\_

10. Location of sales offices: \_\_\_\_\_

11. Identify your carrier for Comprehensive General Liability (CGL) insurance coverage.  
**A current copy of the Certificate of Insurance must be attached.**  
Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_



**APPROVED APPLICATOR QUALIFICATION FORM (page 2)**

TECHNICAL ASPECTS

1. Number of coating/waterproofing crews your organization typically employs: \_\_\_\_\_

2. Number of coating rigs your organization owns and operates: \_\_\_\_\_

3. Please list the key applicators in your organization and their experience:

Name: \_\_\_\_\_ Experience: \_\_\_\_\_

Name: \_\_\_\_\_ Experience: \_\_\_\_\_

Name: \_\_\_\_\_ Experience: \_\_\_\_\_

4. List the major coating/waterproofing projects your organization has completed in the last five years. Please include the project name and the approximate size. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. List the approximate number and size of coating/waterproofing projects to be completed over the next 12 months: \_\_\_\_\_

6. List other coatings your organization currently applies: \_\_\_\_\_

7. List the types of advertising and promotional methods your organization utilizes to generate sales:

\_\_\_\_\_

8. Is your organization bondable? \_\_\_\_\_ For what amount? \_\_\_\_\_

Thank you for taking the time to complete this form. Please sign and return to:

UNITED COATINGS  
19011 E. Cataldo Ave.  
Spokane Valley, WA 99016

Owner or authorized officer of the company:

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your completed application form to:

If you have questions call **800-541-4383**.

**UNITED COATINGS**  
**C/O Technical Service Dept**  
**19011 E. Cataldo Ave.**  
**Spokane Valley, WA 99016**