



## Construction Training: *Building a Solid Construction Business*

### Contractor Training Program Application

APPLICATIONS MUST BE TURNED IN AT THE INFORMATION SESSION ON FEB. 1 or EMAILED TO: [angela.barber@sbsd.virginia.gov](mailto:angela.barber@sbsd.virginia.gov) no later than **5:00pm, February 8, 2017** to be considered.

**PLEASE COMPLETE THE INFORMATION BELOW: (print clearly)**

Does your company make over \$250,000 in revenue? (gross receipts) \_\_\_\_ Yes \_\_\_\_ No

How long have you been in business? \_\_\_\_\_ Year business was established? \_\_\_\_\_

SWAM Certification # \_\_\_\_\_ Is Certification current? \_\_\_\_ Yes \_\_\_\_ No

Name of Business: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Briefly describe your company and which segment of the construction industry you represent.

Describe your role in the company (50 words or less)

What is the greatest challenge your company might be facing currently?

What do you see as your greatest opportunity or asset in your company?

What skills and tools do you hope to gain in attending this training class? \_\_\_\_\_

What other certifications do you currently have? \_\_\_\_\_

Are you licensed and bonded?  Yes  No - If No, list reasons \_\_\_\_\_

\_\_\_\_ I declare that all the information provided on this application is true and accurate to the best of my knowledge.

\_\_\_\_ If chosen to participate for the SBSB Contractor's Training Program, I agree to commit to attending the class and to full participation through the completion of the final training module(s) as described in the course description.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**PLEASE NOTE: Applicants chosen for the Training Program will be notified by email.**

In Partnership with

