

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 on line 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 d/b/a):

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 – Construction Works Template

Please complete the following tables with information pertaining to both current and completed project(s) as undertaken by your business over the past twelve (12) years. The tables below can be used as a template with information being provided on separate documents to be attached with application. For businesses that have completed more than 10 projects during the past twelve (12) years, please provide your ten (10) most substantial projects completed/ongoing.

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 Template

Please fill out the following table by providing details on the ten (10) most significant as rated by dollar amounts of technical and consultancy services performed over the past twelve (12) years:

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