

# Registered Master Builder Application

A. _____ Registration Number	B. _____ Affiliation	C. _____ Month/Day/Year
D. Received \$ _____	E. Check # _____	Initial Registration Date

Please attach General Reference sheet

Check division applying for: [If any section does not apply to the division applied for check "not applicable"]

- Builder                     
  Log Home Builder                     
  Associate Builder

Applicant	SS#	Date of Birth:	
Physical Address	City	ZIP	
Firm/Company Name			
Address	City	ZIP	Ph

2. Type of Business Organization

- Corporation     
  Partnership     
  Sole Proprietorship     
  LLC  
 Joint Venture

*[If a joint venture or partnership, attach copy of joint venture or partnership agreement]*

3. Date applicant firm founded \_\_\_\_/\_\_\_\_/\_\_\_\_.

4. List all principals or corporation officials:

*(Chief Executive Officer)* \_\_\_\_\_

Name/position \_\_\_\_\_

Name/position \_\_\_\_\_

Name/position \_\_\_\_\_

Name/position \_\_\_\_\_

5. Name(s) under which you build: \_\_\_\_\_

6. How long have you been in the construction business under your own name? \_\_\_\_years.

7. How long have you been in the building industry? \_\_\_\_\_years.

Duties and responsibilities during this period: \_\_\_\_\_

8. If in building business less than two years, state previous business experience: \_\_\_\_\_

List present or past trade background (*i.e., carpentry, plumbing, etc.*): \_\_\_\_\_

9. Does your major income come from building dwelling units and related real estate activities?  Yes  No

10. Do you work in any other type of business?  Yes  No  
If *yes*, state nature of business

11. Organizations to which you belong \_\_\_\_\_

12. Community activities \_\_\_\_\_

13. Business activities (*check all that apply*)

- Plan and design work  On site supervision  Subcontracting  
 Developing  Materials Purchase  Contracting Subs  
 Financing  Pay accounts  Close loan  Obtain construction/permanent financing

14. Ever been suspended from FHA or VA?  Yes  No  
If *yes*, briefly explain \_\_\_\_\_

15. Ever been party to any lawsuit, judgment or bankruptcy in last 5 years?  Yes  No  
If *yes*, briefly explain \_\_\_\_\_

16. Ever had your advertising questioned by the Better Business Bureau, newspapers or other authority?  Yes  No  
If *yes*, briefly explain \_\_\_\_\_

I Authorize the Registered Master Builder Board to investigate my credit history for the purpose of membership.

Applicant's signature	Date:
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Applicant:

## Building Profile

1. Number of projects built in last three years: \_\_\_\_; in last 12 months \_\_\_\_.

2. Customer references of last seven projects (do not duplicate from last application):

<b>1</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

<b>2</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

<b>3</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

<b>4</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

<b>5</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

<b>6</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

<b>7</b> Name		Settlement date	
Address	City	State	ZIP
Home Phone		Work Phone	

Applicant:

## Business References

Please supply names and addresses of at least six suppliers, subcontractors, or companies who are familiar with your work and how you conduct your business. If any section does not apply to your business check: "*not applicable.*"

1. Businesses you've traded with for more than six months:

Lumber	# of years	Phone	
Address	City	State	ZIP

not applicable

Lumber	# of years	Phone	
Address	City	State	ZIP

not applicable

Concrete	# of years	Phone	
Address	City	State	ZIP

not applicable

Concrete	# of years	Phone	
Address	City	State	ZIP

not applicable

Materials	# of years	Phone	
Address	City	State	ZIP

not applicable

Materials	# of years	Phone	
Address	City	State	ZIP

not applicable

Other	# of years	Phone	
Address	City	State	ZIP

not applicable

Other	# of years	Phone	
Address	City	State	ZIP

not applicable

2. Subcontractors you've used for more than six months:

Heating		# of years	Phone
Address	City	State	ZIP

not applicable

Plumbing		# of years	Phone
Address	City	State	ZIP

not applicable

Electrical		# of years	Phone
Address	City	State	ZIP

not applicable

Concrete		# of years	Phone
Address	City	State	ZIP

not applicable

Masonry		# of years	Phone
Address	City	State	ZIP

not applicable

Drywall		# of years	Phone
Address	City	State	ZIP

not applicable

Other		# of years	Phone
Address	City	State	ZIP

not applicable

Other		# of years	Phone
Address	City	State	ZIP

not applicable

3. Architects you've used for more than six months:

Name			Phone
Address	City	State	ZIP

not applicable

3. Architects you've used for more than six months (continued):

Name			Phone
Address	City	State	ZIP

not applicable

Name			Phone
Address	City	State	ZIP

not applicable

4. Engineers you've used for more than six months:

Name			Phone
Address	City	State	ZIP

not applicable

Name			Phone
Address	City	State	ZIP

not applicable

Name			Phone
Address	City	State	ZIP

not applicable

5. Building officials you've worked with for more than six months:

City/County Bldg Dept			Phone
Address	City	State	ZIP

Contact
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not applicable

City/County Bldg Dept			Phone
Address	City	State	ZIP

Contact
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not applicable

City/County Bldg Dept			Phone
Address	City	State	ZIP

Contact
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not applicable