



SUBCONTRACTOR REGISTRATION FORM

Register as a new subcontractor with our company.
We are always looking for reliable and reputable subcontractors to help us complete projects.

TRADE CATEGORY

Define the type of contractor work your company performs.

COMPANY NAME

CONTACT

NAME		TITLE
<input type="text"/>		<input type="text"/>
ADDRESS		
<input type="text"/>		
PHONE	FAX	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
SUBCONTRACTOR LICENCE NO. if applicable		WEBSITE
<input type="text"/>		<input type="text"/>

SCOPE OF WORK YOUR COMPANY PERFORMS

SUPPLIER REFERENCES

COMPANY 1			CONTACT NAME
ADDRESS			
PHONE	FAX	EMAIL	
COMPANY 2			CONTACT NAME
ADDRESS			
PHONE	FAX	EMAIL	
COMPANY 3			CONTACT NAME
ADDRESS			
PHONE	FAX	EMAIL	

INSURANCE COVERAGE INFORMATION

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ORGANIZATION

NUMBER OF YEARS IN BUSINESS	
CLASSIFICATION / CERTIFICATION	
Please tell us what areas of New Zealand in which you operate	

ADDITIONAL INFORMATION

Please provide any additional information you find pertinent to convey.

CERTIFICATION

I hereby affirm that all information supplied is true and accurate to the best of my knowledge and belief, and I understand that this information will be considered material in the evaluation of quotations, bids, and proposals. Notice must be given of any change in status impacting the information provided within ten (10) days of said change.

NAME	TITLE
SIGNATURE	DATE