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# Accredited Quality Contractor

Associated Builders and Contractors

*Application Form*

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Accredited Quality  
Contractor



## AQC Pledge

We are contractors that are committed to quality and care about our employees and the communities in which we build. We are proud to be part of the construction industry and are dedicated to the principle of free enterprise. We commit ourselves to serve our communities and to provide our employees with the skills they need to work safely and productively.

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### **APPLICATION INSTRUCTIONS**

The AQC application asks questions regarding your business operations, the level of involvement your company has with the local community, and the safety, training and employee benefits your firm offers your employees. Check the appropriate answer that best describes your company's policy or involvement in a particular program. (In future years you will renew with a one-page form.)

**All responses will be held in strict confidence.**

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### **APPLICATION SCORING PROCEDURES**

The AQC Certification Committee meets in March, June, October and December of each year. Allow at least 30 days for tabulation and review of your documentation. Applications that are not approved will be returned with a refund of the fee (less \$95 for processing), an explanation from the committee on areas for improvement and an invitation to resubmit after 90 days.

**QUALITY**

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- 1.1 Is your company a member in good standing with the Better Business Bureau or the Chamber of Commerce? (Circle one) Yes No
- 1.2 Has your company won an Excellence in Construction award from ABC or has it won other industry or community organization awards demonstrating involvement with exceptional projects? (Provide letters of acknowledgement or copies of certificates specifying the job and type of work completed for the awards received.)
- 1.3 Provide three letters of recommendation from three clients your company has worked for in the last year.

**SAFETY/STEP**

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- 2.1 Provide your company's STEP (Safety Training Evaluation Process) designation. \_\_\_\_\_  
(STEP Platinum or STEP Gold for the previous year or at least once in the last two years is required)
- For a STEP program application or information go to the ABC website (<http://www.abc.org/STEP>).
- 2.2 Include a copy of your Safety Handbook or similar information.

**MANAGEMENT EDUCATION**

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- 3.1 Provide a table of contents outlining your company's management education curriculum.
- (Check all that apply.)
- No training program
  - Management seminars
  - Supervisor courses
  - Administrative skills courses
- 3.2 Indicate which of the following statements best describe your company's policy regarding management education cost.
- Courses at employee's expense
  - Courses partially paid for by company
  - Courses fully paid for by company
- 3.3 Does your company provide training to unskilled workers prior to employment? (Circle one) Yes No

**Important** Include the following supporting documentation and/or information:

- ✓ Training schedule
- ✓ Training notices (or similar information)

**CRAFT TRAINING**

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- 4.1 Provide a letter from an ABC chapter, the National Center for Construction Education and Research (NCCER) or educational institution certifying that your company participates in an ongoing craft-training program for your employees.

**Bonus**

Does your company have an employee that is a craft instructor? (Circle One) Yes No

Indicate name and title: \_\_\_\_\_

**Important** Include the following supporting documentation and information:

- ✓ Training schedule
- ✓ Training notices (or similar information)

**EMPLOYEE BENEFITS**

Check the appropriate YES or NO box below regarding your company's insurance plans for both salaried and hourly employees.

	Salary		Hourly	
	Yes	No	Yes	No
<b>5.1</b> Does your company offer medical insurance coverage? What percentage does your company pay for employees? What percentage does your company pay for dependents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	___%		___%	
	___%		___%	
<b>5.2</b> Does your company offer an ERISA qualified retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your company offer a matching contribution? If yes, what is the match?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	___%		___%	
Is your plan profit sharing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.3</b> Does your company offer any disability insurance coverage? If yes, what percentage of the cost does your company pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	___%		___%	
<b>5.4</b> Does your company offer life insurance? If yes, what percentage of the cost does your company pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	___%		___%	
<b>5.5</b> Does your company offer at least two weeks of paid vacation leave? If yes, how many days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	—		—	
<b>5.6</b> Does your company offer at least 5 days paid sick leave? If yes, how many days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	—		—	
<b>5.7</b> Does your company offer at least 6 paid holidays? If yes, how many days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	—		—	

**5.8** Which of the following benefits does your company offer its employees (check all that apply):

**Salary Hourly**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | “Cafeteria (125) Plan” for applicable benefits      |
| <input type="checkbox"/> | <input type="checkbox"/> | Travel reimbursement to and from project            |
| <input type="checkbox"/> | <input type="checkbox"/> | Per diem  |
| <input type="checkbox"/> | <input type="checkbox"/> | Flex time   |
| <input type="checkbox"/> | <input type="checkbox"/> | Jury duty plan                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Parental leave                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Accidental Death and Dismemberment (AD&D) Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Incentive bonus plan (safety, completion, etc.)     |
| <input type="checkbox"/> | <input type="checkbox"/> | Holiday bonus pay                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Paid bereavement plan                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee recognition awards (non-monetary)          |
| <input type="checkbox"/> | <input type="checkbox"/> | Employee Assistance Plan (EAP)                      |

**Bonus Questions**

	Yes	No
Does your company have a company newsletter?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company provide company vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have subsidized day care (child/disabled/elderly)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company offer an Employee Stock Ownership Plan (ESOP) not tied to a retirement plan?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company offer a stock purchase plan (matched and/or unmatched)?	<input type="checkbox"/>	<input type="checkbox"/>
Does your company have any innovative company programs that are industry trend setting? (Explain innovative programs on separate sheet of paper.)	<input type="checkbox"/>	<input type="checkbox"/>

**Important** Include the following supporting documentation and information:

- ✓ Employee benefit handbook (or similar information)
- ✓ Any additional information or materials that would be helpful to us in making a determination

**INDUSTRY IMAGE**

<b>Community Relations</b>	Yes	No
<b>6.1</b> Does your company sponsor and encourage its employees to join and participate in civic-oriented activities? Examples include blood drives, adopt-a-highway and adopt-a-school programs, home fix-up efforts, athletic team sponsorships, etc.? (Attach materials that are used to promote and communicate your company efforts.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.2</b> Does your company partner in chapter community service programs? (Attach materials that are used to promote and communicate your company efforts.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.3</b> Does your company actively participate in civic and community projects or support charitable organizations? Examples include United Way. (Attach materials that are used to promote and communicate your company efforts.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.4</b> Does your company make speakers available to civic groups, school career days, etc? (Attach materials that are used to promote and communicate your company efforts.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diversity</b>	Yes	No
<b>6.5</b> Does your company have a policy statement on diversity? Has the CEO signed the statement? (Attach a copy of the statement.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.6</b> Does your company offer diversity training for new employees and supervisors?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.7</b> Does your company employ minorities reflective of the market you are servicing?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.8</b> Are your company worksites gender friendly with equal facilities for men and women?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.9</b> Does your company encourage the use of minority vendors and local purchasing?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.10</b> Does your company have an employee-recruitment program? Examples include partnerships with local schools or employee-referral incentives.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Image</b>	Yes	No
<b>6.11</b> Does your company participate in activities that positively affect the image of our industry? Examples include school programs, Habitat for Humanity or other community outreach. (Attach materials that are used to promote and communicate your company efforts.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.12</b> Does your company provide ABC logos for jobsites?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.13</b> Does your company provide ABC logos for hard hats?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.14</b> Does your company provide company uniforms?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bonus Questions</b>	Yes	No
Does your company have a summer employment program for students from diverse backgrounds? An example is INROADS. (Attach materials that are used to promote and communicate your company efforts.)	<input type="checkbox"/>	<input type="checkbox"/>
Does your company offer second language courses? Examples include Spanish for English-speaking supervisors.	<input type="checkbox"/>	<input type="checkbox"/>

**Important** Include the following supporting documentation and information to support ABC's ability to promote your company accomplishments:

- ✓ Press clippings (from in-house newsletter or local publications)
- ✓ Copies of plaques or certificates of appreciation
- ✓ Thank you letters
- ✓ Photographs

*All items listed immediately above will become the property of ABC National and may be used in promotion for the purpose of expanding a positive industry image.*

**COMPANY INFORMATION**

Complete the following:

Primary ABC Chapter Membership \_\_\_\_\_

Primary Contact Name \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Company \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Company Web Site Address \_\_\_\_\_

Type of Contractor:  General  Subcontractor  Specialty (specify type) \_\_\_\_\_

Annual Volume: \_\_\_\_\_ Number of employees: \_\_\_\_\_ Annual Man-hours Worked: \_\_\_\_\_

What other chapters, where you are currently a member and have a branch office, would you like to be listed as an AQC Member? (If your company is a member in more than three chapters, provide your list of additional chapters on an attached sheet.) Each branch office will receive an AQC Plaque and be listed in ABC's "www.FindContractors.com" website for referrals.

**Add \$50.00 for each branch office listing.**

Chapter \_\_\_\_\_ Primary Contact \_\_\_\_\_

Chapter \_\_\_\_\_ Primary Contact \_\_\_\_\_

Chapter \_\_\_\_\_ Primary Contact \_\_\_\_\_

I have accurately answered each of the questions in this application to the best of my ability. I understand that Associated Builders and Contractors is authorized to request additional information to assist its efforts in authenticating this application. I understand that ABC reserves the right to audit this application. ABC National has ownership of the materials provided and has the permission of this company to refer its name to construction buyers and other construction users.

Name of Company Principal \_\_\_\_\_

Signature of Company Principal \_\_\_\_\_

Date \_\_\_\_\_

**Send the completed form and a check made out to ABC for \$295 plus fees for branch offices to:**



**ABC Accredited Quality Contractor Program**  
4250 North Fairfax Drive, 9th Floor  
Arlington, Virginia 22203  
703.812.2000

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