



Construction Training: *Building a Solid Construction Business*

Contractor Training Program Application

APPLICATIONS CAN BE TURNED IN AT THE INFORMATION SESSION ON OCTOBER 2 or EMAILED TO: angela.barber@sbsd.virginia.gov no later than **NOON, OCTOBER 4, 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 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

